



PATIENT

Buddy Homs

SPECIES

Canine

BREED

Mixed

SEX

Intact Male

AGE

14Y

WEIGHT

17.5lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Meaux

INVOICE

72494

DATE

11-4-25

PRESENTING CLINICAL SIGNS

Suspected splenic mass on radiographs and ultrasound. Large Left perineal mass.

COMPUTED TOMOGRAPHY OF THE ABDOMEN AND PELVIS

A high resolution pre- and post-contrast CT study of the abdomen including the pelvis is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present irregular margins, R>L. A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration throughout the renal cortex, well-defined, roundish parenchymal filling defects are seen; measuring <2 mm. The prostate is symmetric and mildly prominent. The prostatic parenchyma is uniform soft tissue attenuating and has a mild irregular contrast enhancement pattern.

Post contrast administration in the right testicle, a heterogeneous contrast enhancing nodule is visible.

Nodular enlargement of the cranial pole of the left adrenal gland is seen, measuring up to 8.0 mm and presenting a mild irregular contrast enhancement pattern. The cranial pole of the right adrenal gland presents a zone with irregular mineralization; the normal size and shape of the right adrenal gland are maintained.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous attenuation and contrast enhancement pattern.

In the ventral aspect of the gallbladder a small amount of granular mineral attenuating material is visible.

Centered on the caudal extremity of the spleen, a globoid, uniform soft tissue attenuating and irregular contrast enhancing mass is seen; measuring 5.2 cm in diameter.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

In the perianal subcutaneous tissue, a multilobulated, heterogeneous soft tissue attenuating and contrast enhancing mass – presenting multiple well-defined, variable sized intralesional fluid attenuating areas – is seen measuring 4.5 x 6.6 x 5.6 cm. The mass in the perianal area is encompassing the anus dorsally and the left anal sac laterally.

The hypogastric lymph nodes are small.

In the subcutaneous tissue along the dorsal aspect of the lumbar spine, multiple, well-defined, uniform soft tissue attenuating nodules are seen; measuring up to 8 mm in diameter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Perianal cavitated soft tissue mass
- Splenic soft tissue mass
- Mild nodular enlargement cranial pole left adrenal



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- Right testicular soft tissue neoplasm
- Hepatomegaly
- Dystrophic mineralization cranial pole right adrenal gland
- Benign prostatic hyperplasia
- Chronic nephropathy bilaterally
- Nephrolithiasis without mechanical obstruction
- Multiple simple renal cortical cysts
- Multiple non-specific subcutaneous soft tissue nodules
- Cholecystolithiasis without mechanical obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The perianal soft tissue mass in the intact male patient is highly concerning for neoplastic transformation of the perianal gland – the odds for carcinoma are higher than for adenoma. FNA sampling can be used for specification. Complete surgical excision of the perianal mass may not be feasible or will cause damage of the neural structures and sphincter with secondary fecal incontinence.

The splenic soft tissue mass can present benign nodular hyperplasia, hematoma formation or neoplastic disease (e.g. sarcoma, metastasis).

The odds for (non)functional nodular hyperplasia of the adrenal glands are high.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.





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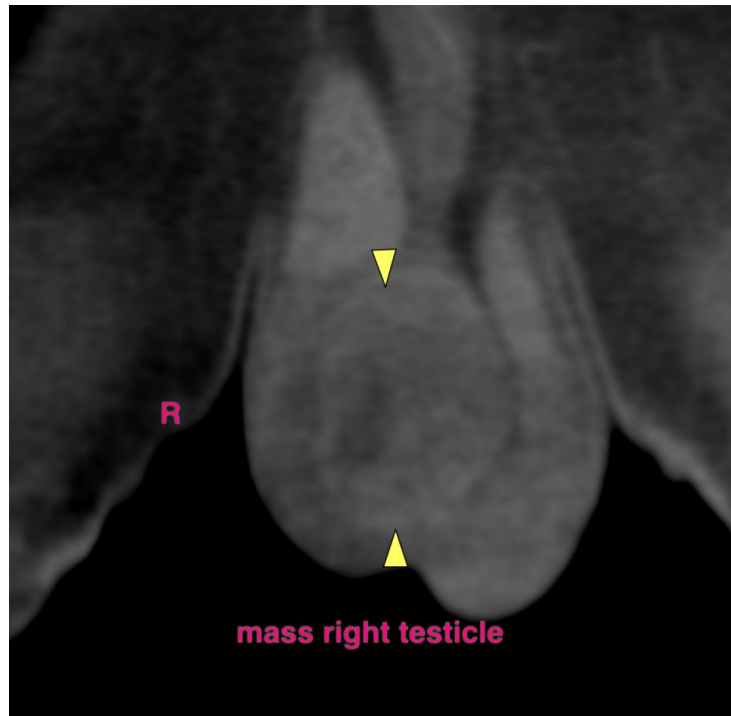
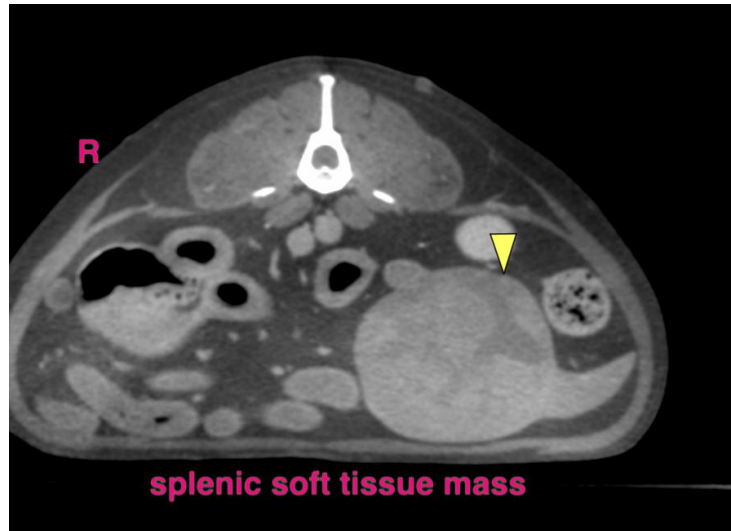
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com