



PATIENT

Lincoln Thorpe

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Male Neutered

AGE

12

WEIGHT

34.1

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Matthew O'Neil

HOSPITAL NAME

Westford Veterinary
Emergency and
Referral Center

REFERRING VET

Mallory Watson

INVOICE

73033

DATE

12-17-25

PRESENTING CLINICAL SIGNS

Right mass effect on rectal palpation, difficult to determine if anal gland sac in origin vs rectal mass; no current clinical signs from the mass other than licking the area; include full abdomen in scan for met check

Abnormal PE/Chem/CBC/UA Results: none, normal bloodwork, clear chest x-rays in October

COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND PELVIS

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

Along the thoracic wall and axillary region bilaterally, multiple well-defined, variable sized lipomas are seen.

The tracheobronchial lymph nodes are moderately enlarged, rounded and present a heterogeneous contrast enhancement pattern.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

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

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

A heterogeneous soft tissue attenuating mass is originating from the right anal sac; measuring approximately 2.4 x 1.9 x 2.2 cm. At the cranial aspect of the mass of the right anal sac, a multilobed soft tissue mass is seen extending over the right ischial bone – suspect ischial lymph node; measuring 4.1 x 3.2 x 3.0 cm. The wall of the left anal sac appears prominent.

The hypogastric lymph nodes are generalized significantly enlarged, forming a confluent mass ventral to the sacrum and L7. The aortic lymph nodes are moderately prominent and rounded. The inguinal lymph nodes are moderately prominent.



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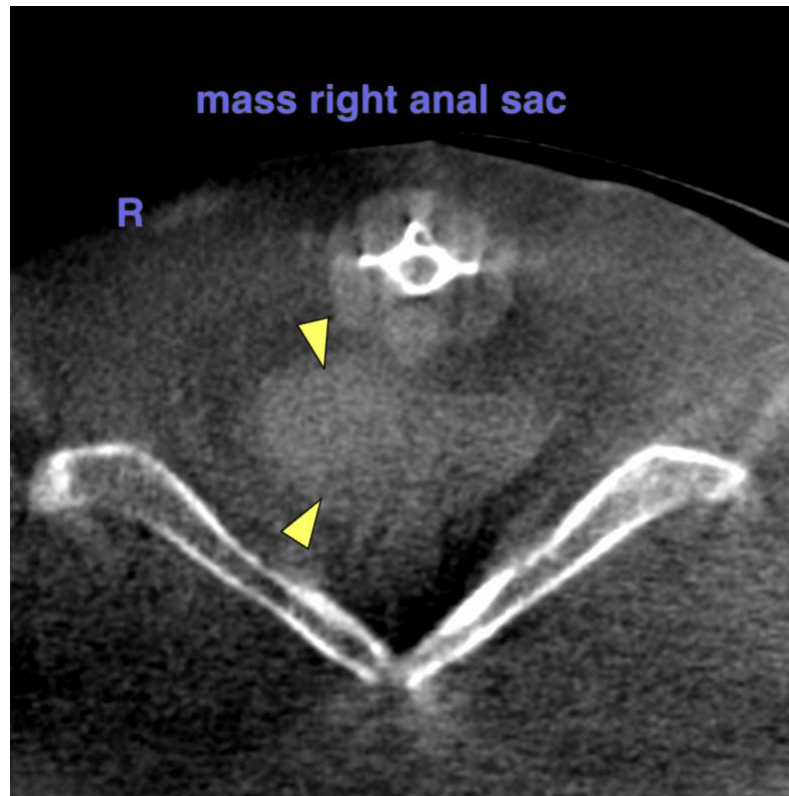
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass right anal sac
- Suspect thickened wall left anal sac
- Lymphadenopathy tracheobronchial, hypogastric, aortic and inguinal lymph nodes – the hypogastric lymph nodes form a confluent mass ventral to the sacrum
- Spondylosis deformans
- Multiple lipomas along the thoracic wall
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are supporting the diagnosis of primary neoplastic transformation of the right anal sac – anal sac adenocarcinoma is the diagnosis – with metastatic spread to the regional and distant lymph nodes and possible soft tissue metastasis cranially. The wall of the left anal sac appears thickened and is concerning for neoplastic transformation as well.





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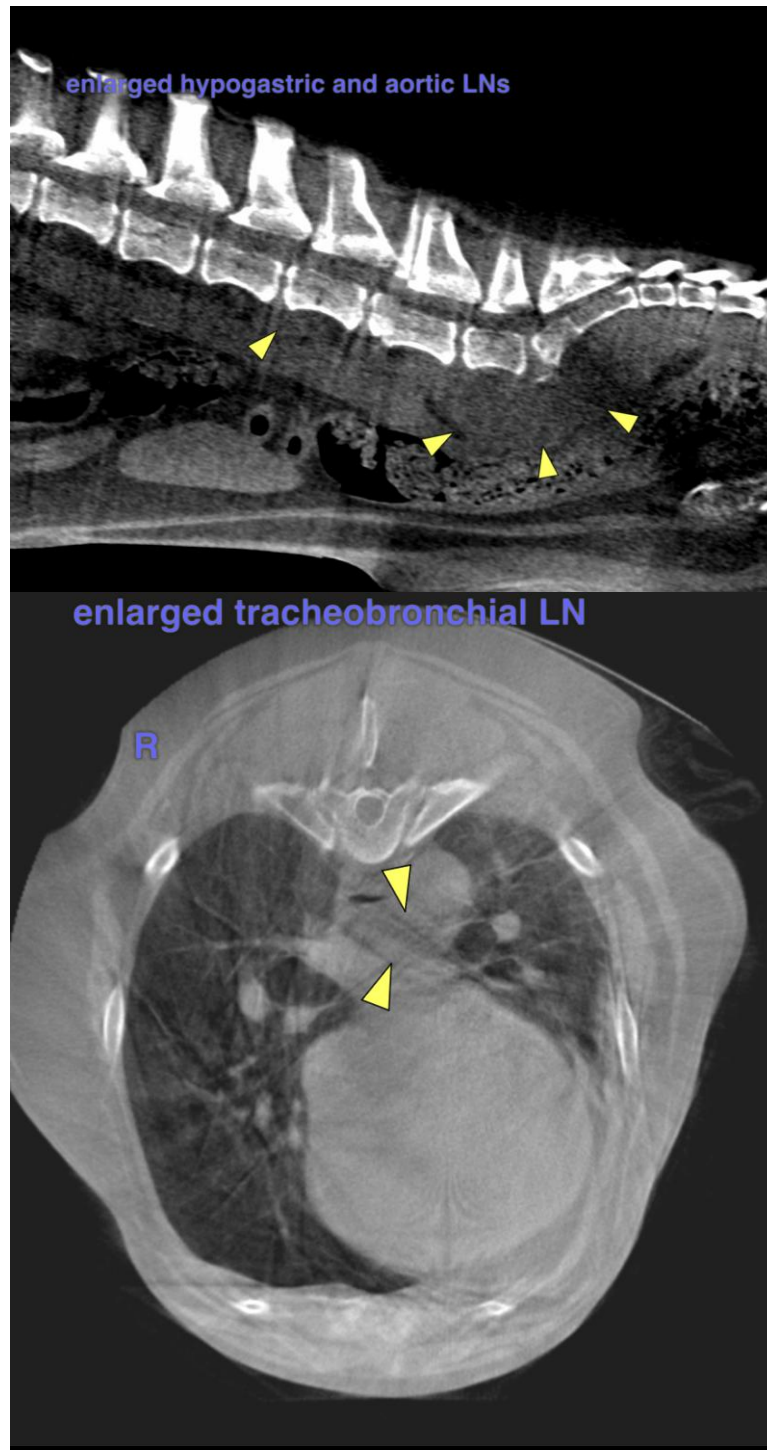
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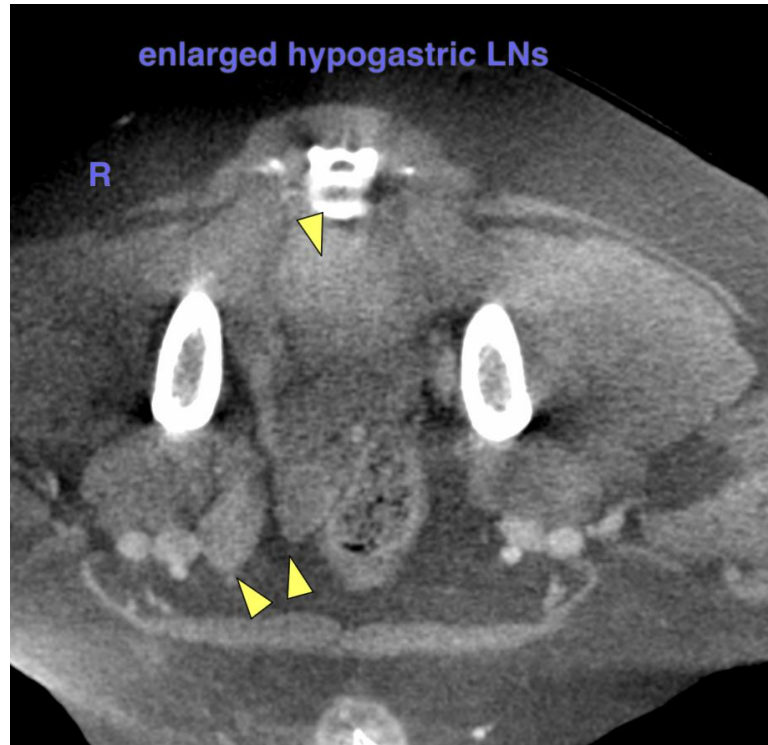
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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