



PATIENT

Charlie Karthigesu

PRESENTING CLINICAL SIGNS

Hx of scooting and foul odour from rear end. Grape sized mass noted on rectal exam on Nov 30, 2021. Follow up cytology was consistent with anal sac adenocarcinoma on Dec 20, 2021. CT today for staging and surgical planning.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Grade III/VI heart murmur 1.6 cm left anal sac mass

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

BREED

Cavalier King Charles Spaniel

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

Multifocal mild spondylosis formation is seen along the thoracic spine.

MN

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

AGE

11 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Animal Health Partners

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.

REFERRING VET

Dr. Jerome Gagnon
DACVIM (Oncology)

Both kidneys present irregular margins with multifocal concave depressions of the surface. A small amount of mineralized material is associated with the right renal pelvis. 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.

INVOICE

50045

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

DATE

2-2-22

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.



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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.

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Originating from the left anal sac, a uniform soft tissue attenuating and moderate contrast enhancing mass, measuring 13 x 17 x 24 mm in size is visible.

The hypogastric lymph nodes are small, unremarkable.

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Level with the intervertebral disc spaces L5/L6 to L7/S1 mineralized disc material is protruding into the vertebral canal. Multifocal moderate spondylosis formation is seen along the lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

MN

- Soft tissue mass left anal sac
- Chronic nephropathy
- Mild nephrolithiasis without evidence of obstruction
- Mild intervertebral disc protrusion L5/L6 to L7/S1 with possible dynamic compression of the cauda equina fibers
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with the history of left sided adenocarcinoma originating from the left anal sac. There is no evidence of metastatic spread. Surgical excision has already been scheduled.

Consider staging for potential chronic kidney disease.

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SEX

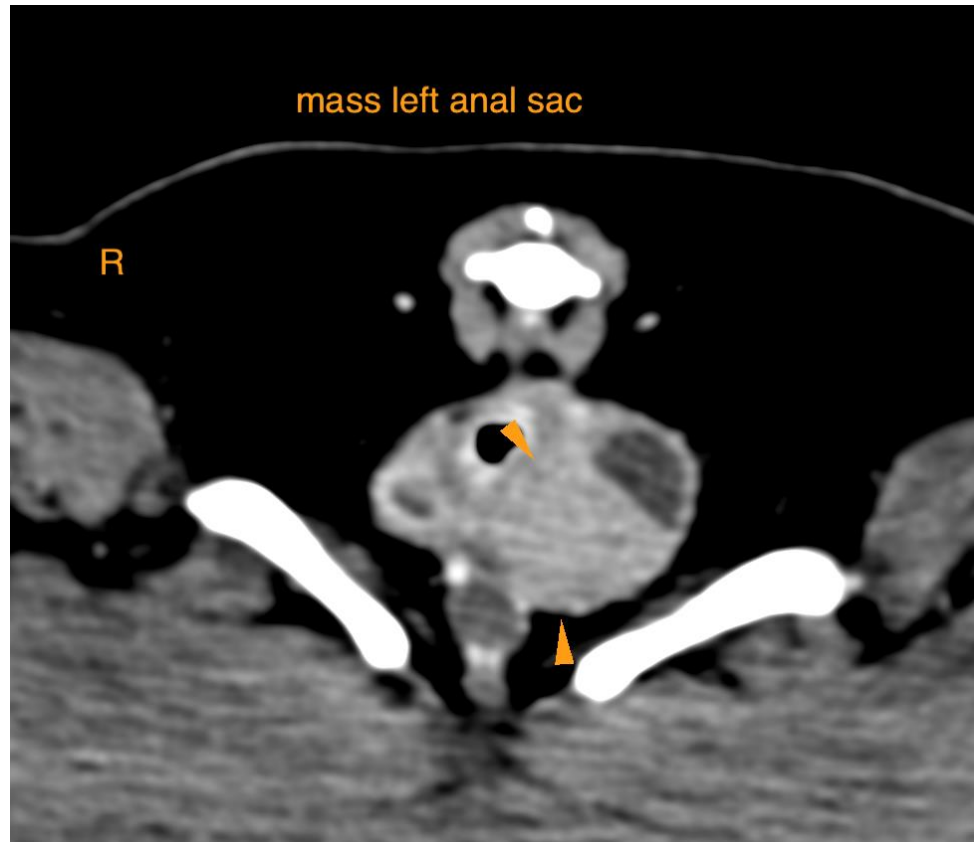
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com

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