



PATIENT

Hope Lecher-Dran

SPECIES

Canine

BREED

Shepherd Mix

SEX

Female Spayed

AGE

12Y, 1M, 10D

WEIGHT

69.80lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

73950

DATE

2-25-26

PRESENTING CLINICAL SIGNS

- Previous anal gland mass removed in Cornell 2020
- Removed again at Oradell in 2023
- Owner noticed a lump regrowing on the patient's backside in the same location as previous anal cancer approximately at the beginning of January. Patient has a history of anal cancer twice and has previously undergone surgery and laser treatments. Owner reports patient has only scooted once recently, despite a history of frequent scooting and anal gland issues. Patient has had very soft, formed stools throughout life. Owner notes fluctuating appetite, with the patient sometimes not eating much and last eating a full meal the previous night. Owner states the patient drinks a large amount of water, which has been consistent throughout life. Owner observed that in the last six to seven months, the patient has had increased difficulty rising with her back legs and appears more down. No bleeding reported from the lump. Current medications include Simparica Trio, gabapentin, and trazodone (half pill in the morning and half at night). Supplements given include Provable, whole food antioxidant berry, Cranimals, cream, whole cream, goat milk, and bioactive colloidal silver. No diet brand or amount specified.

Abnormal PE/Chem/CBC/UA Results: PE: Fear/Anxiety/Stress Score: 2/5 - Nervous, reluctant for exam.; Integument: Coat described as beautiful and fabulous. Regrowth present on right side near previous surgical site.; Rectal: Palpable mass on right side of rectal wall; left and dorsal rectal walls unremarkable Discomfort on rectal palpation No evidence of invasion into colon on palpation; UA: Collection Free Catch; Color Straw; Clarity Clear; Specific Gravity 1.012; pH 7.0; WBC <1/HPF; RBC <1/HPF; Non-Squamous Epithelial Cells <1/HPF; CBC: Reticulocytes 5.1; Reticulocyte Hemoglobin 21.3; PDW 8.1; Chem: Amylase 319; 4DX: Ehrlichia spp Positive; Anaplasma spp Positive

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a plain CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadans 308 and 408 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals present mild mineralization of the wall.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

In the parenchyma of the right adrenal gland, a well-defined, uniform soft tissue attenuating and post contrast mild irregular contrast enhancing nodule is seen; measuring 9 mm in diameter.



PATIENT

Hope Lecher-Dran

SPECIES

Canine

BREED

Shepherd Mix

SEX

Female Spayed

AGE

12Y, 1M, 10D

WEIGHT

69.80lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

73950

DATE

2-25-26

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

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

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.

Level with the 7th left intercostal space, in the lateral aspect of the left caudal lung lobe, a well-defined, soft tissue nodule is seen; measuring 3 mm in diameter. 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.

Nodular enlargement of the left adrenal gland is seen; measuring 1.8 cm in diameter. Post contrast administration the left adrenal nodule has a heterogeneous contrast enhancement pattern.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement. In the craniodorsal aspect of the caudate process of the liver, a well-defined roundish parenchymal filling defect is seen; measuring 6 mm 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.

The medial iliac lymph nodes and internal iliac lymph nodes are prominent.

L1 is foreshortened and has a wedge shaped conformation – secondary kyphosis of the spine at the same level is seen.

The craniodorsal aspect of the right iliac wing and right wing of the sacrum, a well-defined, geographic osteolytic lesion is seen.

In the subcutaneous tissue at the right lateral aspect of the anus, a well-defined, ovoid shaped uniform soft tissue attenuating mass is seen; measuring 2.8 x 2.0 x 3.5 cm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excised right anal sac adenocarcinoma
- Soft tissue mass right perianal region with possible invasion of the rectal wall
- Lymphadenopathy medial iliac and internal iliac lymph nodes
- Solitary pulmonary soft tissue nodule



PATIENT

Hope Lecher-Dran

SPECIES

Canine

BREED

Shepherd Mix

SEX

Female Spayed

AGE

12Y, 1M, 10D

WEIGHT

69.80lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

73950

DATE

2-25-26

- Polyostotic semiaggressive osteolytic lesion craniodorsal aspect right iliac wing and right sacral wing
- Left adrenal soft tissue nodule without vascular invasion
- Left thyroid soft tissue nodule
- Hemivertebra L1 with secondary segmental kyphosis of the spine
- Solitary simple hepatic cyst caudate process of the caudate liver lobe
- Absent triadan 308 and 408

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right perianal subcutaneous mass is consistent with local reoccurrence of the anal sac adenocarcinoma possibly invading the rectal wall – may complicate surgical resection.

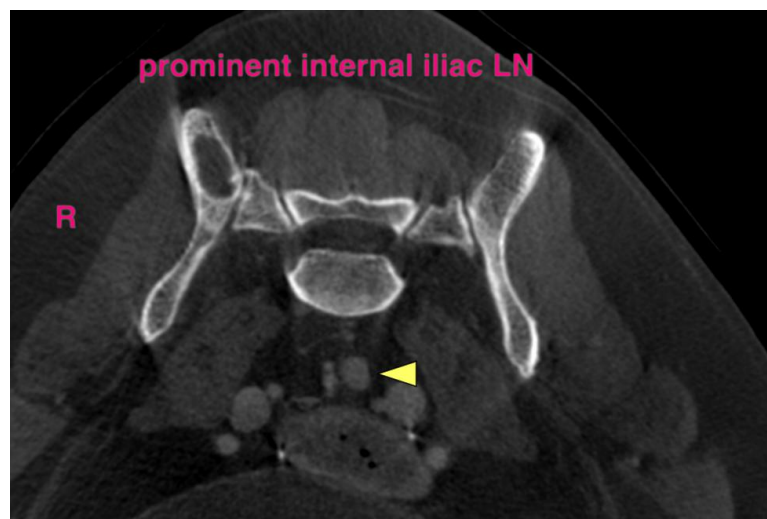
The odds for metastatic spread to the medial iliac lymph nodes and the internal iliac lymph nodes are increased – ultrasound guided FNA sampling can be performed as advanced diagnostic tool.

The solitary pulmonary nodule is not specified, although the odds for metastatic spread are increased – potentials include fibrosis, granuloma, round pneumonia/mucus impaction.

The osteolytic lesion of the right iliac wing and right sacral wing presents predominant benign image features and a large osseous cyst like lesion is likely. Anyway, bone metastasis is still a potential here. Ultrasound guided FNA sampling can be tried specification.

The nodular enlargement of the left adrenal can present a second entity, such as (non)functional nodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma, metastasis).

The nodular lesion in the left thyroid gland can present nodular hyperplasia or (non) functional parathyroid adenoma.





PATIENT

Hope Lecher-Dran

SPECIES

Canine

BREED

Shepherd Mix

SEX

Female Spayed

AGE

12Y, 1M, 10D

WEIGHT

69.80lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

73950

DATE

2-25-26





PATIENT

Hope Lecher-Dran

SPECIES

Canine

BREED

Shepherd Mix

SEX

Female Spayed

AGE

12Y, 1M, 10D

WEIGHT

69.80lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

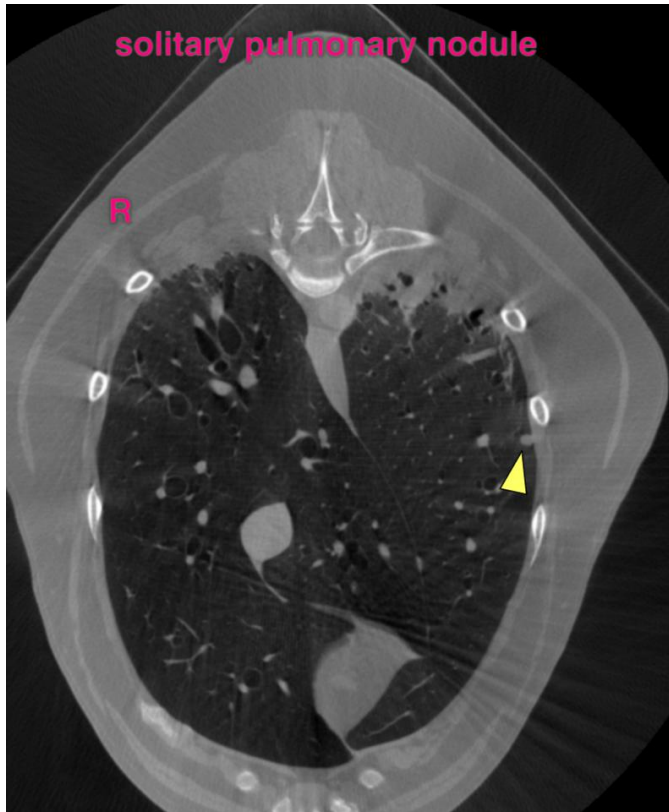
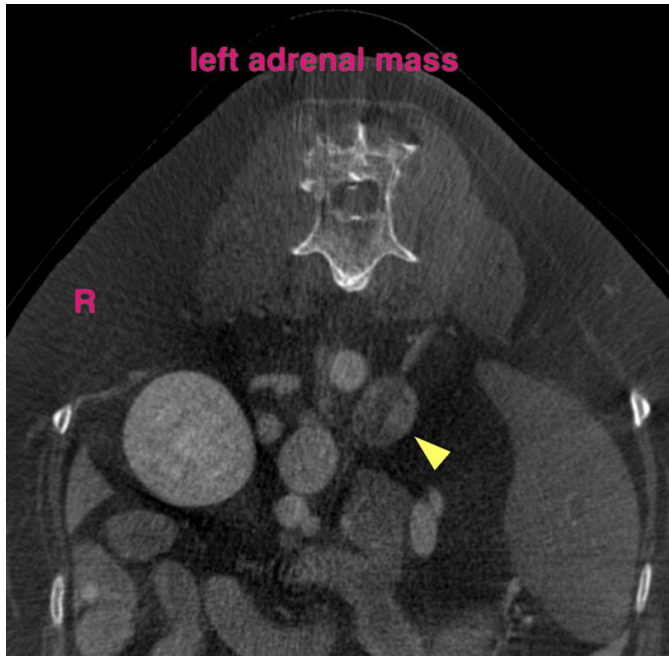
Joseph D'Abbraccio,
DVM

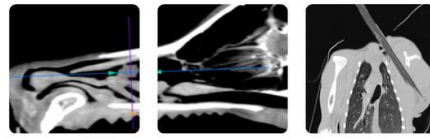
INVOICE

73950

DATE

2-25-26





PATIENT

Hope Lecher-Dran

SPECIES

Canine

BREED

Shepherd Mix

SEX

Female Spayed

AGE

12Y, 1M, 10D

WEIGHT

69.80lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

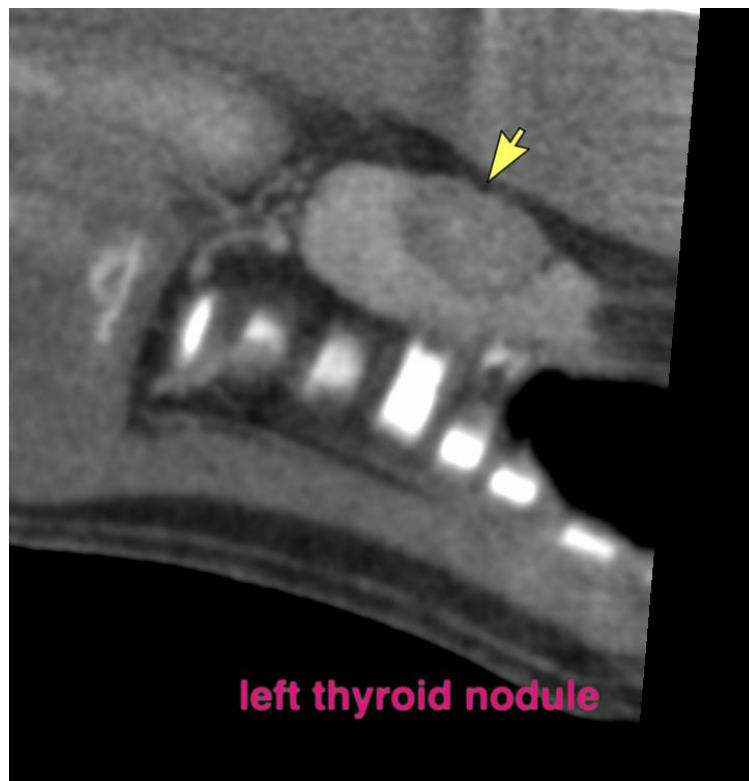
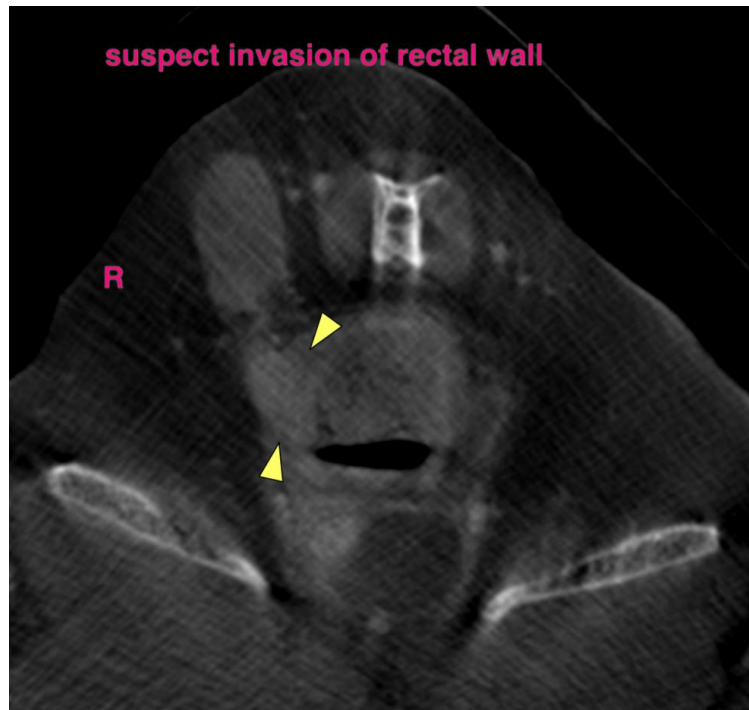
Joseph D'Abbraccio,
DVM

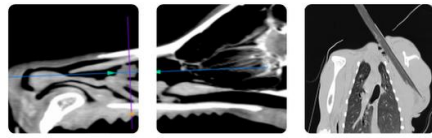
INVOICE

73950

DATE

2-25-26





PATIENT

Hope Lecher-Dran

SPECIES

Canine

BREED

Shepherd Mix

SEX

Female Spayed

AGE

12Y, 1M, 10D

WEIGHT

69.80lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

73950

DATE

2-25-26

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