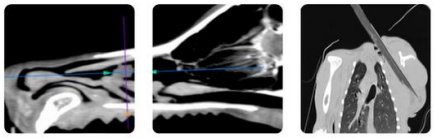

PATIENT

Solo Johnson-Mullican

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

6Y

WEIGHT

35.20kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Magdiel

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Keats

INVOICE

73949

DATE

2-25-26

PRESENTING CLINICAL SIGNS

- on 2/16/26 Cytology (IDEXX): Consistent with an apocrine gland anal sac adenocarcinoma (AGASACA)
- Has a history of anal sacculitis around June-July 2025

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

At the cranial aspect of the major tubercle of the humerus, granular mineralization is seen.

Level with the 13th right rib, an intramuscular lipoma is seen; measuring 2.5 x 1.5 x 2.2 cm.

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.

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 with randomly distributed interspersed punctuate mineralization.

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 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 and internal iliac lymph nodes are prominent.

Streak artefacts are effacing the anatomical structures of the pelvic canal and partially the anal region.

The wall of the left anal sac is irregularly thickened.

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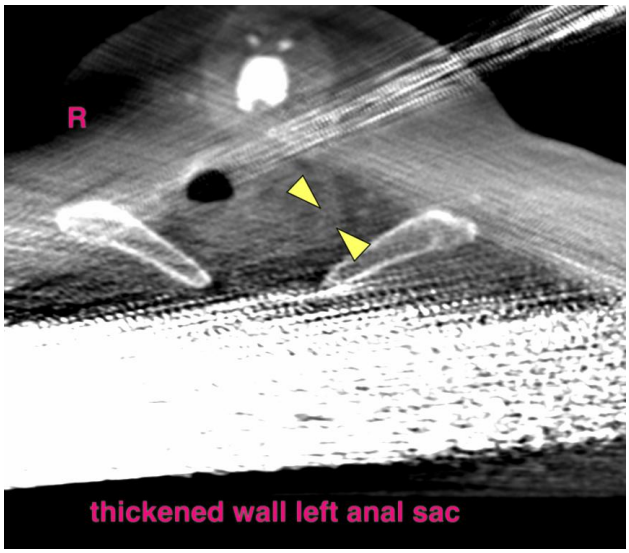
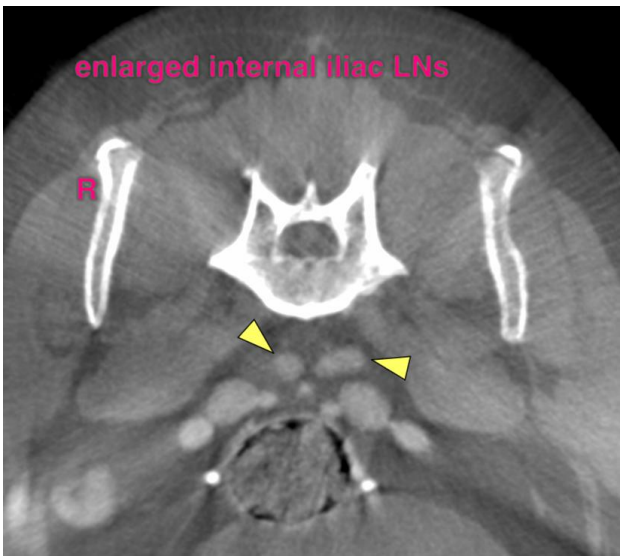
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of anal sac adenocarcinoma, suspect left anal sac
- Lymphadenopathy medial iliac lymph nodes and internal iliac lymph node bilaterally
- Intramuscular lipoma right epaxial musculature level with the 13th rib
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The odds for metastatic spread to the prominent hypogastric lymph nodes are increased and ultrasound guided FNA sampling would be ideal as advanced diagnostic tool.





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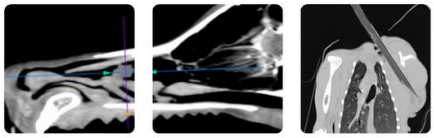

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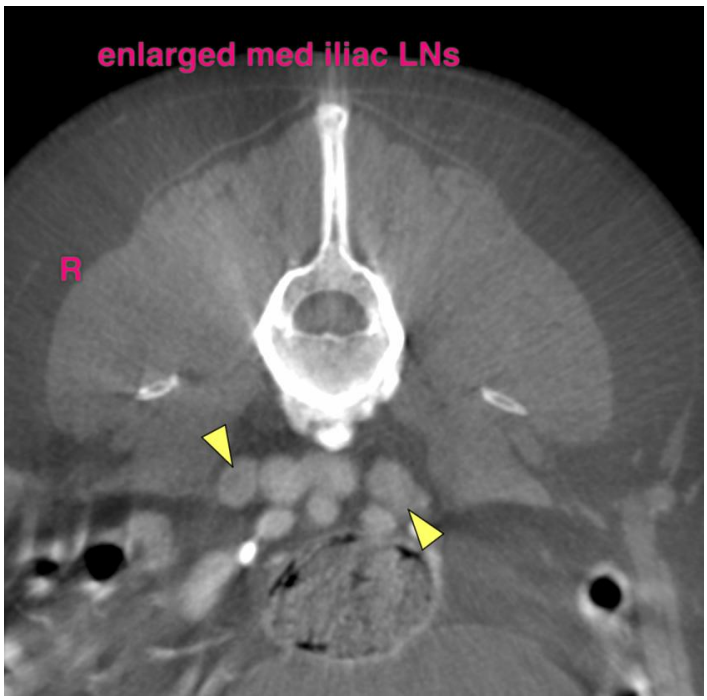

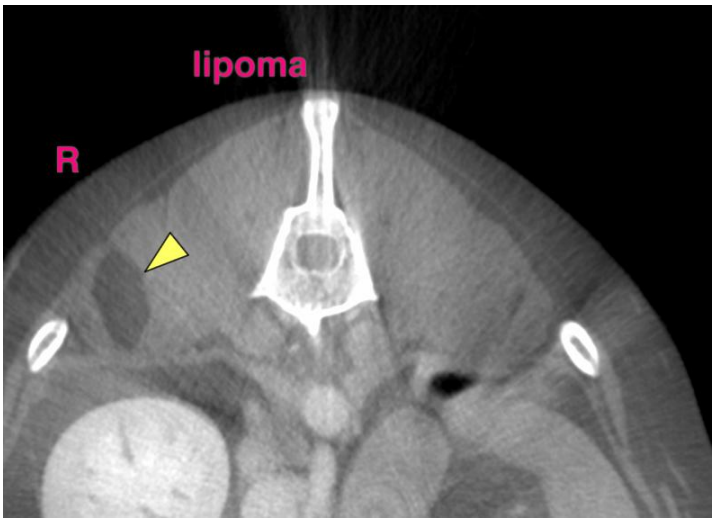

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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