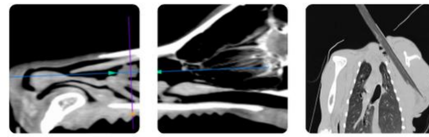


PATIENT

Boof Wicks

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

6

WEIGHT

30

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

74109

DATE

3-9-26

PRESENTING CLINICAL SIGNS

- rectal mass L side on AG express

Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4 pending

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 is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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 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, but zones with dystelectasis.

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.

Originating from the cranial pole of the left adrenal gland, a roundish, uniform soft tissue attenuating and irregular contrast enhancing mass is seen; measuring 3.2 cm in diameter.

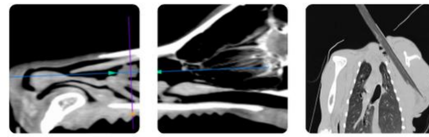
Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

The stomach is mild to moderately distended by fluid attenuating material. Granular hyperattenuating material is pooling in the pyloric antrum. The gastric wall is generalized thickened, measuring up to 1.1 cm.

A sacral lymph node and the right medial iliac lymph node are prominent.

Originating from the left anal sac, a well-defined uniform soft tissue attenuating and heterogeneous strong contrast enhancing spherical mass is seen; measuring 5.2 cm in diameter. The anus is distorted by the mass effect.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

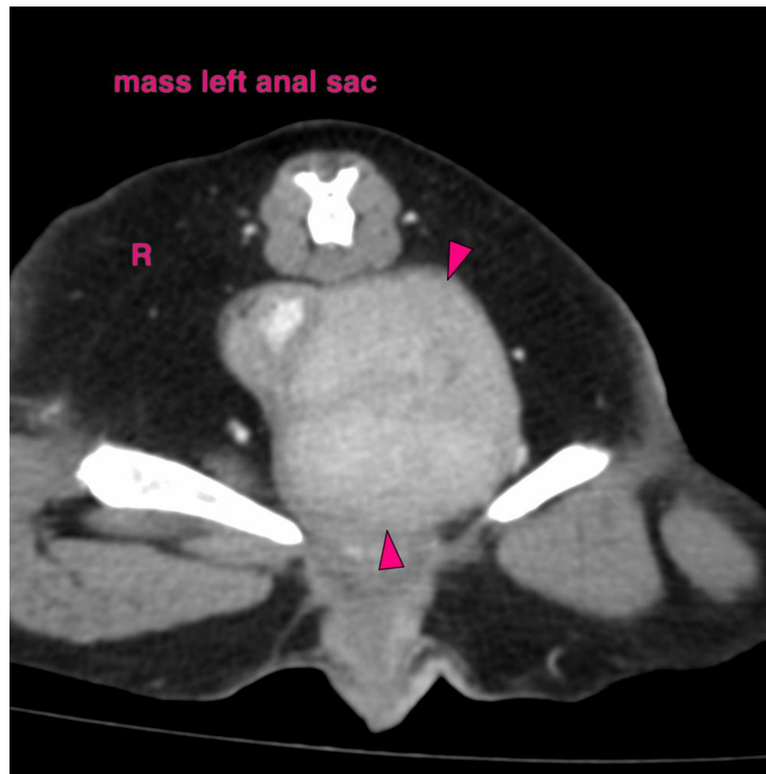
- Soft tissue mass left anal sac
- Lymphadenopathy of a sacral lymph node and right medial iliac lymph node
- Soft tissue mass left adrenal gland without vascular invasion
- Generalized thickening of the gastric wall with evidence of gastric emptying disorder
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

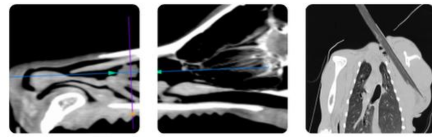
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass of the left anal sac is highly suggestive for anal sac adenocarcinoma – complete surgical excision of the left anal sac appears feasible. The odds for metastatic spread to a sacral lymph node and the right medial iliac lymph node are increased. FNA sampling can be performed for confirmation.

The left adrenal soft tissue mass can present (non)functional nodular hyperplasia versus neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).

The generalized thickening of the gastric wall along with signs of gastric emptying disorder are indicative for gastritis.





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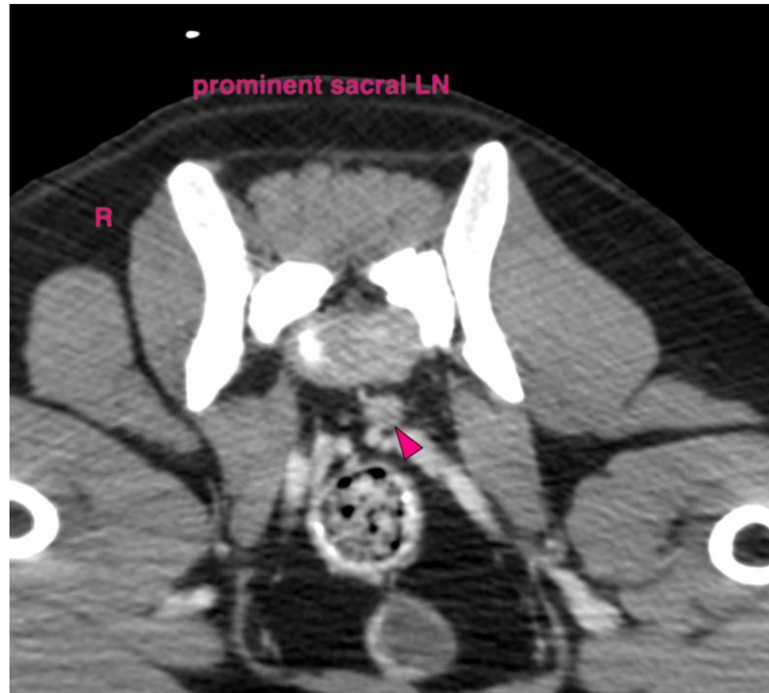

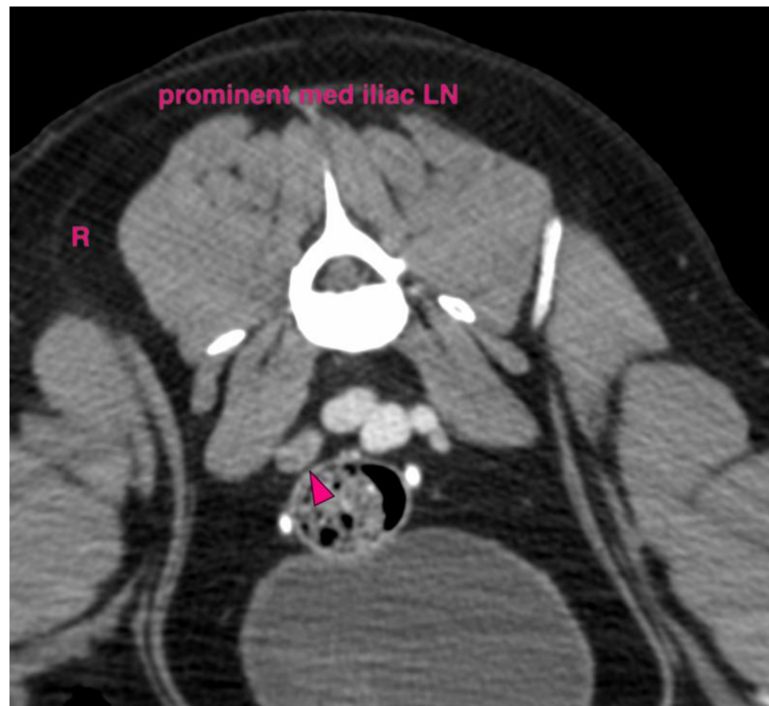

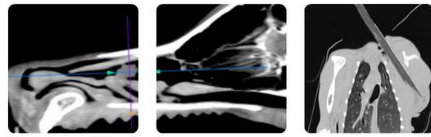

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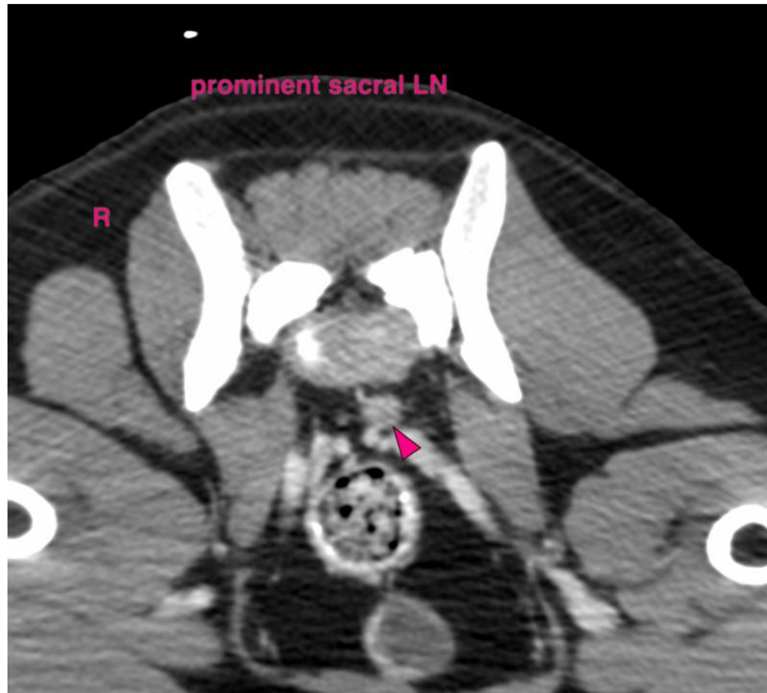

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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