



PATIENT

Sammy Cort

PRESENTING CLINICAL SIGNS

Left anal sac adenocarcinoma -- excised February 24th 2022. Staging today.
Abnormal PE/Chem/CBC/UA Results: Rectal examination: scar tissue at previous surgery site, no evidence of regrowth

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the left axillary region, an ovoid shaped lipoma, measuring 3.8 x 2.6 x 6.3 cm is seen.

SEX

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

10 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

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Abdomen

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

REFERRING VET

Jérôme Gagnon,
DVM, DACVIM
(Oncology)

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.

INVOICE

51520

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

DATE

4-13-22

Protruding from the ventral wall of the pyloric antrum, a cauliflower like soft tissue attenuating and moderate contrast enhancing mass is protruding into the gastric lumen. The mural mass is measuring 2.5 x 1.3 x 1.7 cm in size.



PATIENT The left anal sac is absent.

Sammy Cort The hypogastric lymph nodes are small, unremarkable.

SPECIES The gastric lymph node is moderately enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

Canine In the subcutaneous tissue along the left ventral abdominal wall, a spindle shaped lipoma is seen, measuring 6.8 x 2.3 x 6.7 cm in size. Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mural intraluminal gastric mass in the pyloric antrum
- Lymphadenopathy gastric lymph node
- History of excision of left anal sac due to adenocarcinoma
- Moderate degenerative osteoarthritis coxofemoral joints, due to hip dysplasia
- Multiple subcutaneous lipomas along the trunk
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the mural intraluminal mass in the pyloric antrum, concerning for neoplastic disease such as adenocarcinoma, lymphosarcoma, sarcoma, other. The enlarged gastric lymph node is suggestive for metastatic spread. A differential is benign gastric polypoid lesion – due to the enlarged gastric lymph node the odds are considered lower. Consider gastroscopy including sampling for biopsy as advanced diagnostic test; ultrasound guided FNA sampling of the gastric lymph node is considered beneficial as well. Based on the results of the advanced diagnostic test, the chances of surgical resection might be discussed with surgeon – the distance from the mural mass to the pylorus is approximately 2 cm.

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No signs for lymph node metastasis to the local lymph center of the left anal sac.

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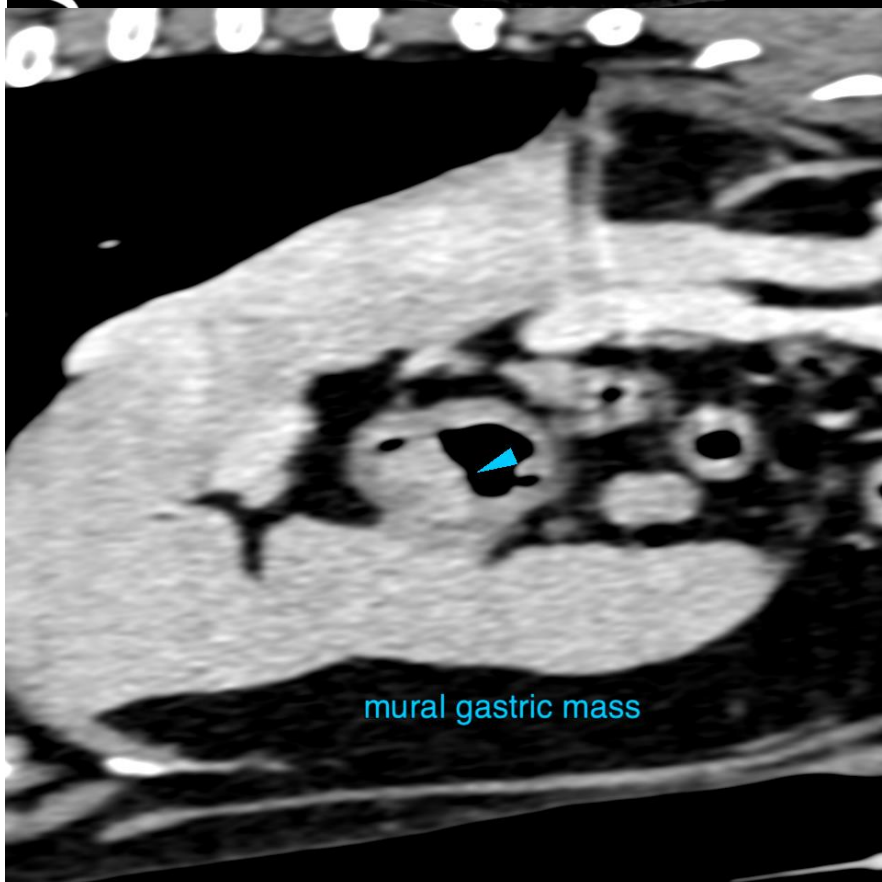
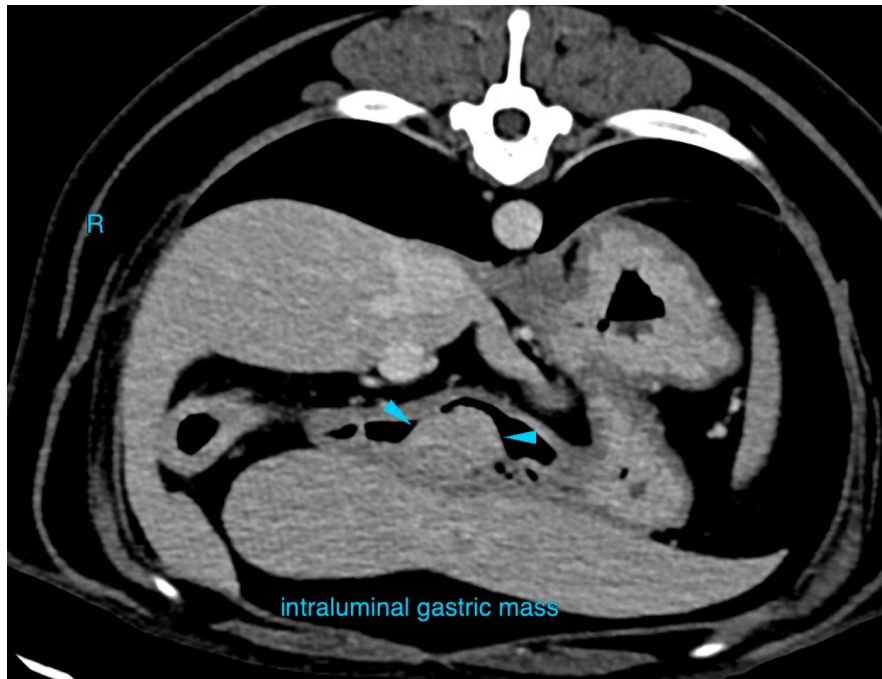
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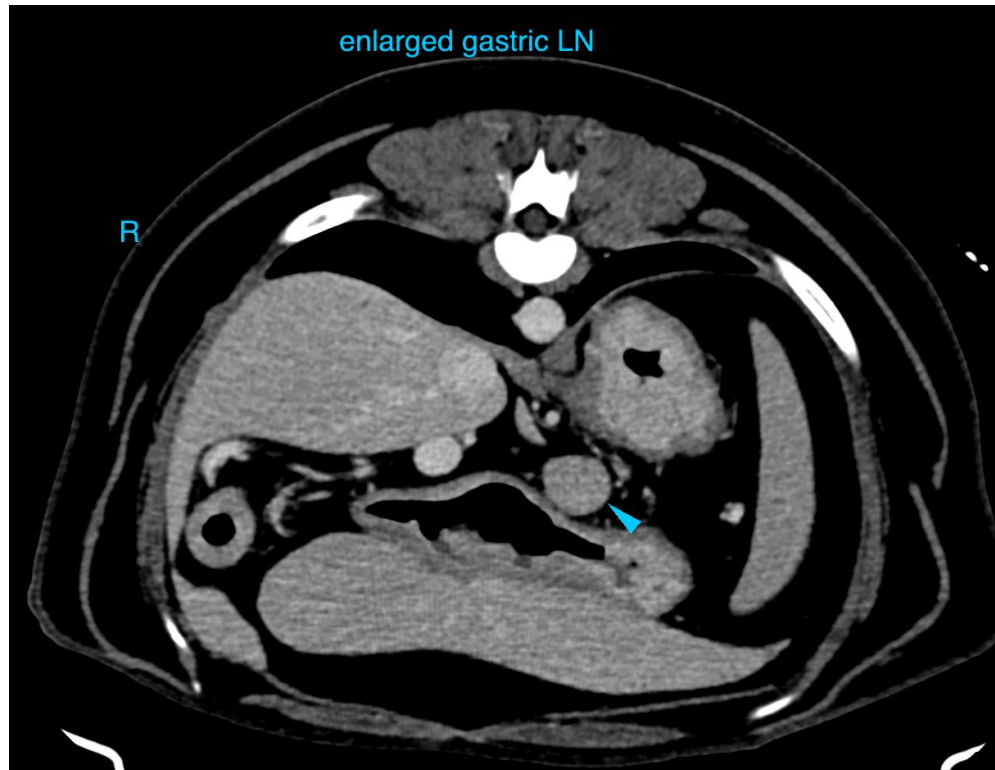
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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