



PATIENT

Walter Templeton

SPECIES

Canine

BREED

Great Pyrenees

SEX

MN

AGE

7Y, 7M

WEIGHT

124lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Tina Lynn,
CVT/George
Eales, DVM

HOSPITAL NAME

Green Prairie Animal
Hospital

REFERRING VET

Dr. Bri McLaughlin

INVOICE

74720

DATE

4-22-26

PRESENTING CLINICAL SIGNS

Anal sacculitis for 9 months
Mass noted in left anal gland approx 6 months ago.
Does have perianal adenoma
Pre-surgical ECG P wave is increases possibly suggesting left atrial enlargement.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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 and zones with dystelectasis of the dorsal dependent aspects of the lung.

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.

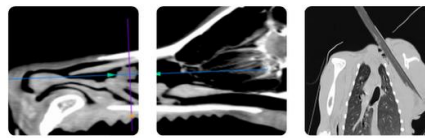
Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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 anal sacs are empty. The wall of the left anal sac is mildly thickened.

The anus presents an intramural, uniform soft tissue attenuating and contrast enhancing nodular lesion in a 2 o'clock position; measuring 15 mm in diameter.

The medial iliac lymph nodes are mildly prominent.



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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

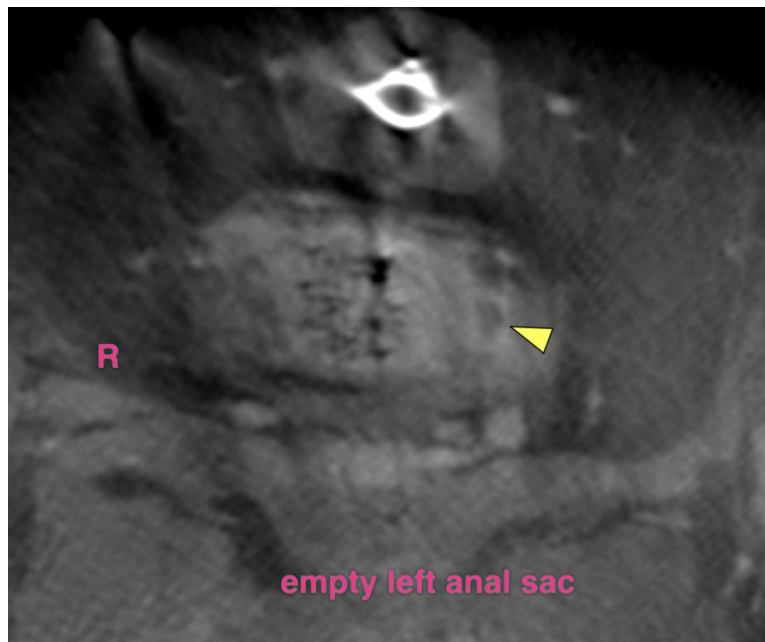
- Intramural nodule left dorsolateral aspect of the anus
- Empty anal sacs with mild thickening of the wall of the left anal sac
- Mild lymphadenopathy medial iliac lymph nodes
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intramural nodule of the anus is not specific, and potentials include perianal adenoma, polyp, malignant neoplasia – FNA sampling can be used for specification.

The mild generalized thickening of the wall of the left anal sac is most suggestive for sacculitis and may be accentuated by the low filling. A differential is early stage of neoplastic transformation – apocrine gland anal sac adenocarcinoma would be common. Correlate with findings from the rectal examination.

The prominent medial iliac lymph nodes are most suggestive for reactive lymphoid hyperplasia – ultrasound guided FNA sampling can be used to rule out metastatic disease.





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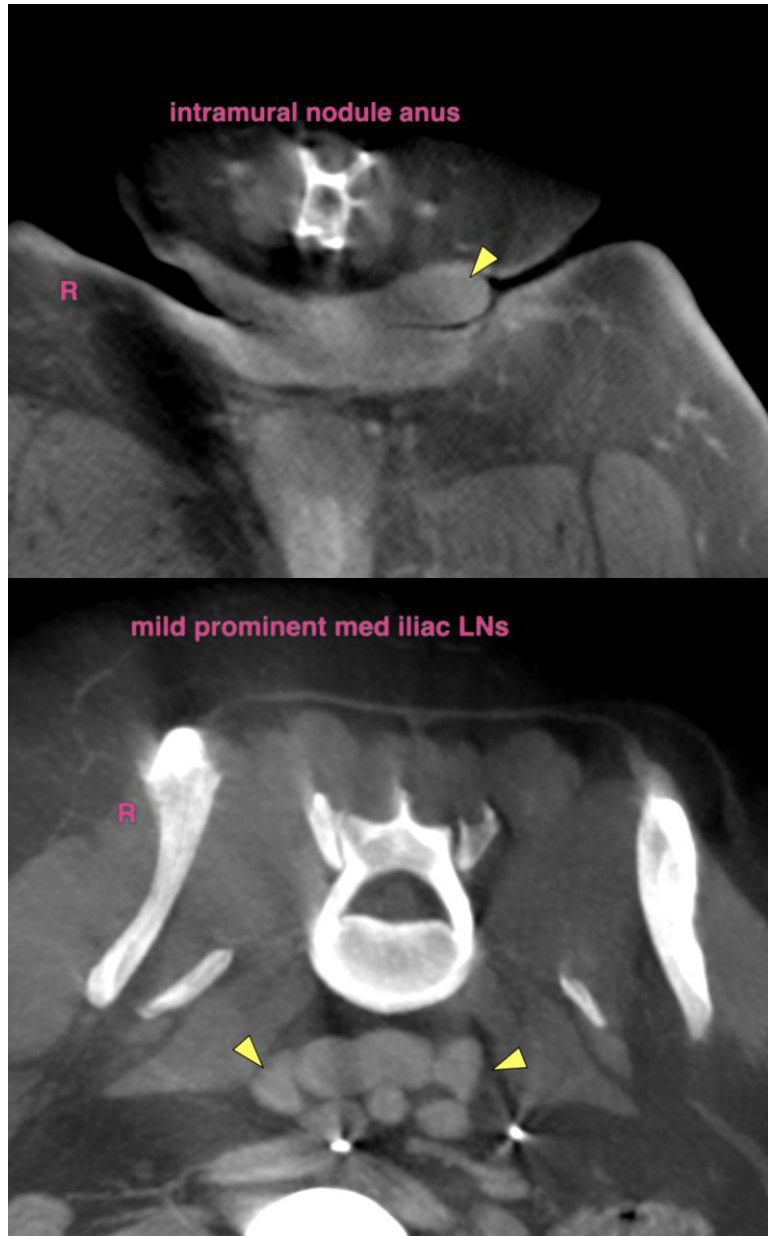
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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