



PATIENT

Murphy Weigland

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

9Y, 9M

WEIGHT

70.4

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

Laketown Animal Hospital

INVOICE

74529

DATE

4-9-26

PRESENTING CLINICAL SIGNS

Previously seen at ER clinic for collapse and significant anemia. Mass noted in abdomen. Went to Univ. of Illinois and rectal mass was discovered. CT with contrast performed. Sinus bradycardia and sinus pauses noted on EKG but resolved with atropine test.

Abnormal PE/Chem/CBC/UA Results: anemia

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 lymph nodes are prominent.

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.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the renal cortex of the left kidney, multiple well-defined, roundish parenchymal filling defects are seen.

The adrenal glands are within normal limits for size, shape and organ architecture.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Originating from the caudal extremity of the spleen, an irregular shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is appreciated in the cranioventral abdomen; measuring 18.7 x 12.8 x 17.6 cm. The intestinal loops are deviated caudally and dorsally by the mass effect. The peritoneal fat surrounding the splenic mass presents mild soft tissue striation.

The lineal lymph nodes are prominent and have a heterogeneous contrast enhancement pattern.

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

The caudal wall of the body of the stomach is thickened; measuring up to 14 mm in width; the wall layering is maintained.

Nodular enlargement of the right anal sac is appreciated; measuring 1.4 x 1.4 x 1.6 cm.

The sacral lymph nodes and medial iliac lymph node bilaterally are prominent.



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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large splenic soft tissue mass
- Soft tissue nodule originating from right anal sac
- Lymphadenopathy sternal, lienal, medial iliac and sacral lymph nodes
- Mural thickening gastric wall
- Multiple simple renal cortical cysts left kidney
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue nodule originating from the right anal sac is highly suggestive for primary neoplastic transformation and apocrine gland anal sac adenocarcinoma is most likely. The odds for metastatic spread to the regional hypogastric lymph nodes are high.

The splenic mass can present a second entity, such as splenic hematoma, regeneration nodule or neoplastic transformation (e.g. sarcoma, round cell tumor or less likely metastasis of the supposed anal sac adenocarcinoma).

The prominent lienal lymph nodes and sternal lymph nodes are equivocal for reactive lymphoid hyperplasia versus metastatic spread.

The thickened gastric wall can be a sequela to gastritis – however diffuse neoplastic infiltration is a potential.



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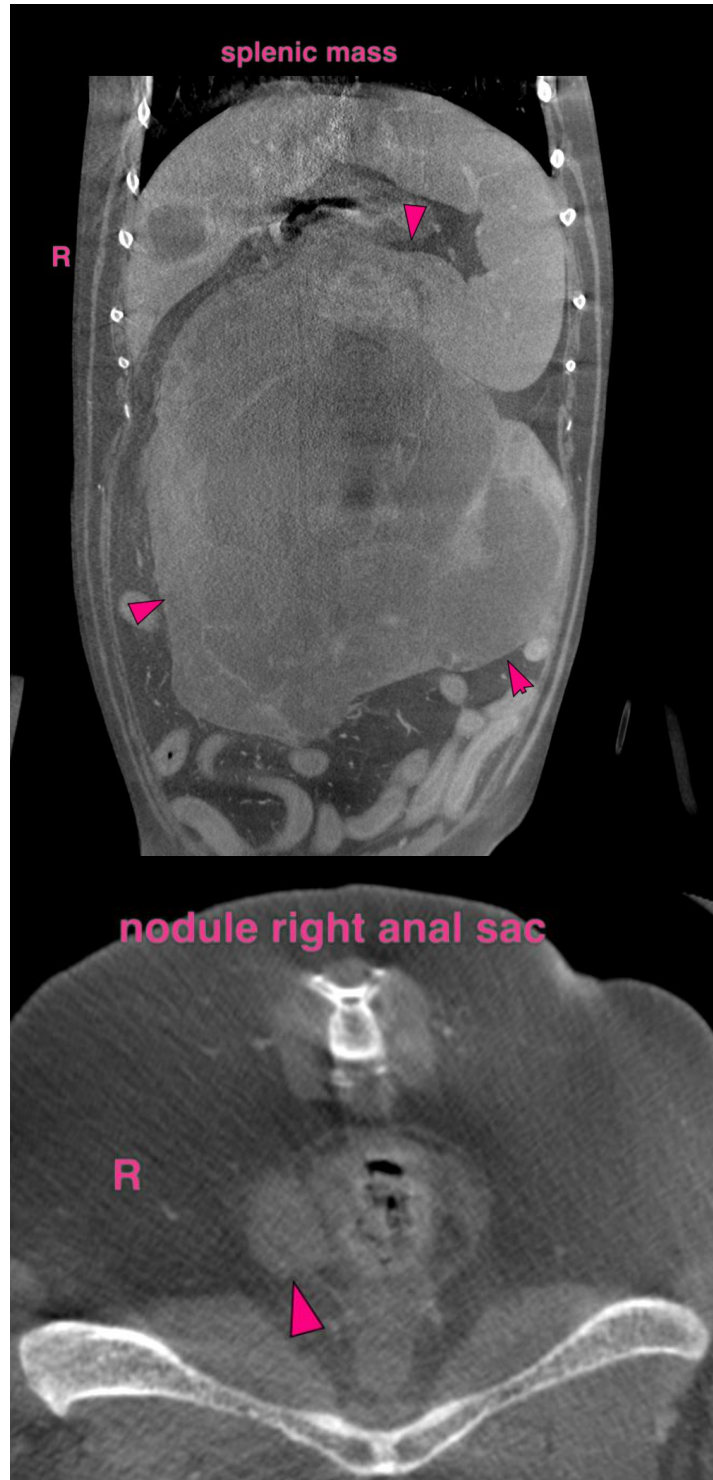
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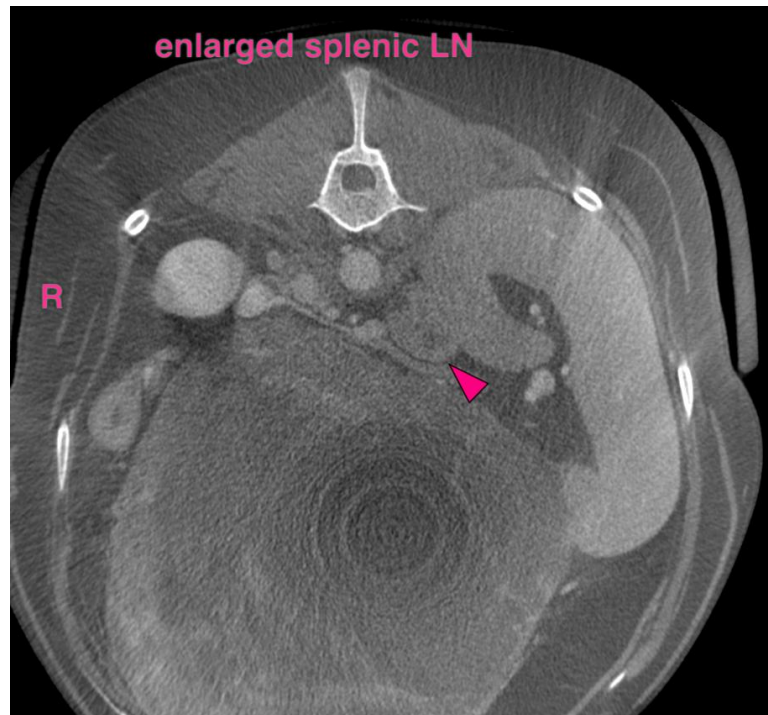
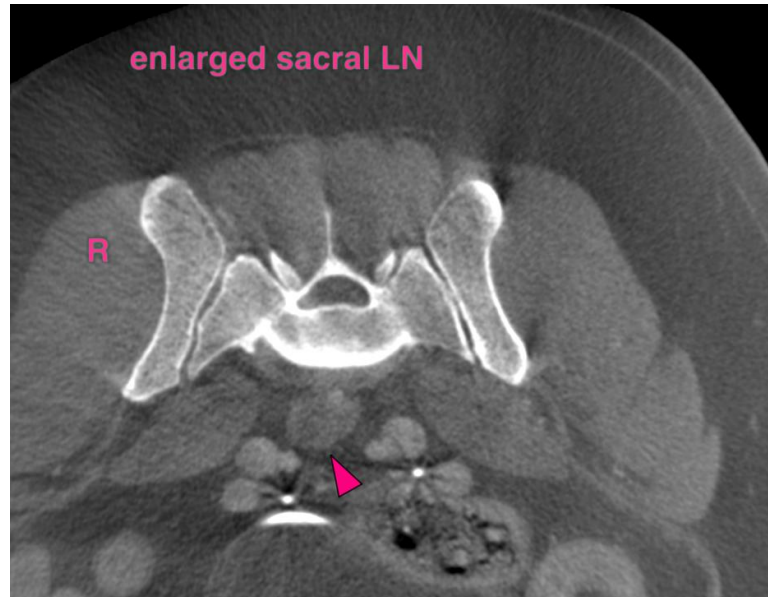
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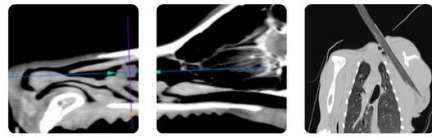
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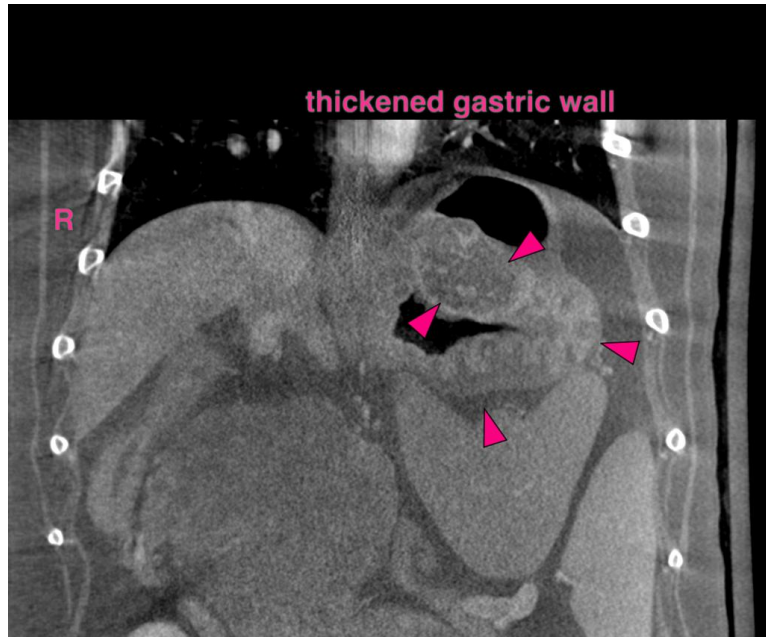
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com