



## PATIENT

Bailey Pfister

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

21.8

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Josh K.

## HOSPITAL NAME

CARE Surgery Center

## REFERRING VET

Dr. Seth Bleakley

## INVOICE

37040

## DATE

5/6/26

## PRESENTING CLINICAL SIGNS

History: Thoracic and abdominal CT screening prior to bilateral anal saccullectomy + sublumbar lymphadenectomy. Patient has been asymptomatic other than scooting. No straining, soft stools, etc. Abnormal PE/Chem/CBC/UA Results: Platelet count 487 x1000/UL, MCHC 40 G/DL

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

Along the thoracic wall, multiple, well-defined, variable sized lipomas are 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 pattern is uniform.

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.

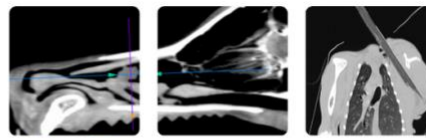
Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

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

The liver is normal in size and shape. In the cranioventral aspect of the right medial liver lobe, an irregular ovoid shaped parenchymal filling defect is seen; measuring up to 16 mm. The remainder of the liver are uniform soft tissue attenuating and contrast enhancing. In the gallbladder, a small amount of sedimented, mild hyperattenuating sludge is seen.

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



**PATIENT**

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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Originating from the left anal sac, a well-defined, irregular roundish, uniform soft tissue attenuating and mild irregular contrast enhancing mass is seen; measuring 3.3 x 3.5 x 4.5 cm. Level with the left anal sac, a roundish, uniform soft tissue attenuating and irregular contrast enhancing mass is seen; measuring 2.4 x 2.2 x 2.1 cm.

Canine

**BREED**

The sacral and internal iliac lymph nodes are mildly prominent – measuring up to 7 mm in maximum dimension.

Labrador Retriever

**SEX**

The bony and surrounding soft tissue structures reveal no abnormalities.

Spayed Female

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**AGE**

- Soft tissue mass anal sac bilaterally, R>L
- Mild lymphadenopathy sacral and internal iliac lymph nodes
- Simple hepatic cyst right medial liver lobe
- Gallbladder sludge without mechanical obstruction
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

13 Years

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The soft tissue mass originating from the anal sac bilaterally is consistent with primary neoplastic transformation -apocrine gland anal sac adenocarcinoma is most common. The odds for metastatic spread to the mild prominent sacral lymph nodes and internal iliac lymph nodes are increased.

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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**, DVM, Dr. med. vet. DipECVDI  
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