



**PATIENT**

Lilly Kuchel

**PRESENTING CLINICAL SIGNS**

History of RHS and LHS shoulder lumps where the RHS lump grew quite quickly. RHS perineum tennis ball sized lump. Firm swelling on RHS and ventral or anal rim - no pain reaction.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE PELVIS**

A pre- and post-contrast CT study of the pelvis in a bone and soft tissue reconstruction is provided for review.

**BREED**

Staphordshire Bull Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

In the right perineal region – approximately level with the right anal sac – a mild irregular roundish soft tissue attenuating and moderate contrast enhancing mass is appreciated measuring 5.7 x 5.6 x 7.0 cm in size. The mass is in contact with the rectum at the medial aspect and the vagina in the ventromedial aspect. The rectum is compressed and deviated to the left by the mass effect.

**SEX**

Spayed Female

The right femoral head presents with an ill-defined geographic osteolytic lesion presenting a hypoattenuating center (-60HU), without contrast enhancement.

The left anal sac is not appreciated.

**AGE**

13 Years

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Right sided perineal soft tissue mass with mass effect on the rectum
- Fatty bone marrow replacement right femoral head - incidental

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The perineal soft tissue mass can either originate from the right anal sac – consistent with anal sac adenocarcinoma – or present a soft tissue mass of different origin (e.g. sarcoma, carcinoma of different origin, mast cell tumor). If not done so yet, FNA sampling is recommended for further definition. Based on the results of the advanced diagnostic tests, surgical excision can be tried.

**HOSPITAL NAME**

Adelaide Plains  
Veterinary Surgery

Consider full tumor staging.

**REFERRING VET**

John Katakasi

**INVOICE**

53884

**DATE**

9-1-22



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**BREED**

Staphordshire Bull  
Terrior

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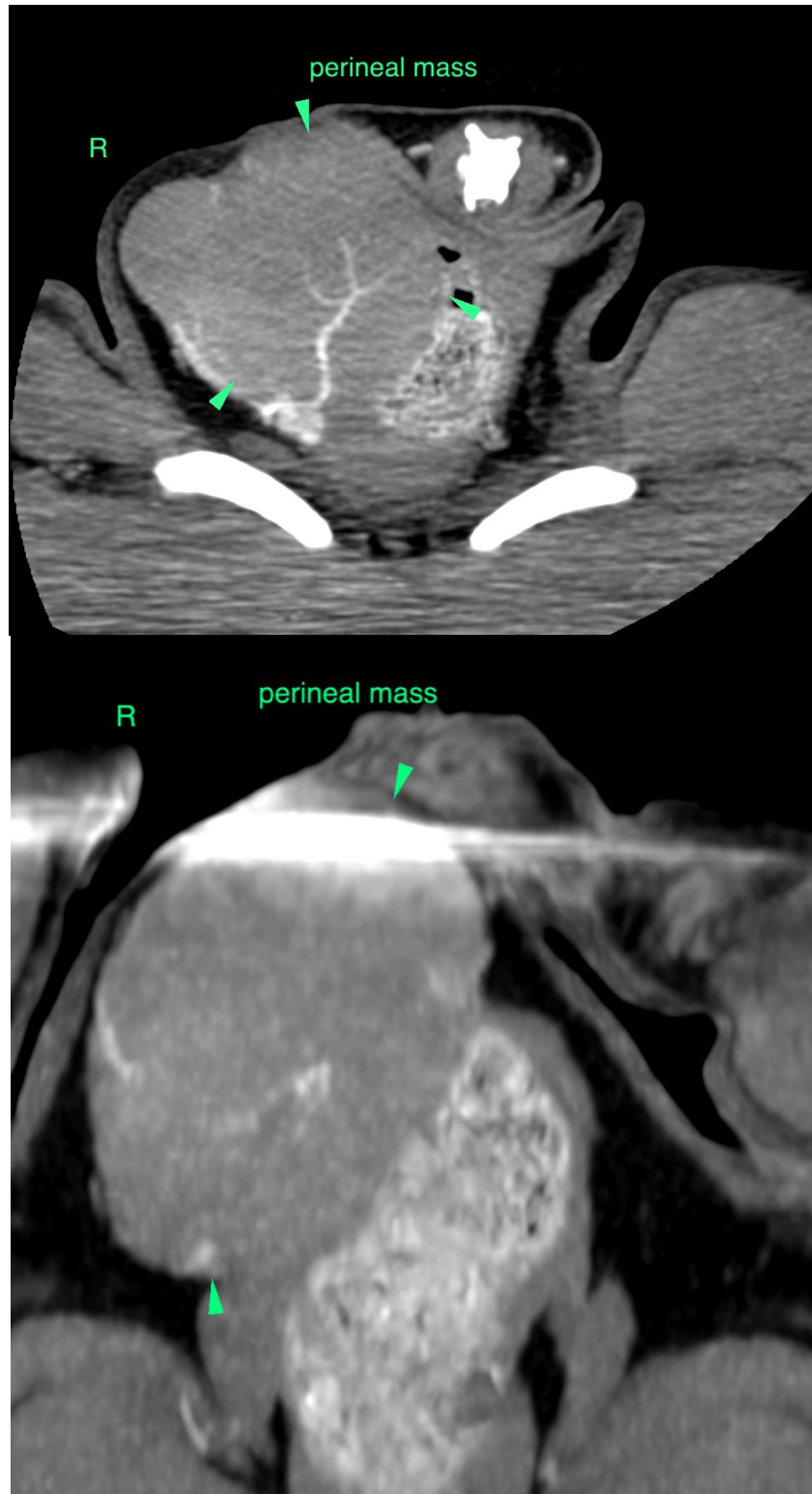
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com