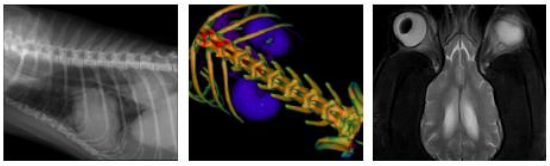


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

George Burke

SPECIES

Canine

BREED

Cockerpoo

SEX

Male

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Paula Fazenda

INVOICE

54205

DATE

9-21-22

PRESENTING CLINICAL SIGNS

Findings: small 1cm diameter mass associated with LH ag otherwise fit and well, OR polydipsic
History: LHS ag mass diagnosed as anal sac carcinoma Plan / Therapy : discussed CT chest and abdo for s

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen are 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.

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.

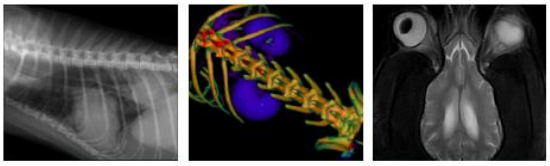
Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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 left anal sac is consolidated and presents a homogeneous contrast enhancement pattern, the left anal sac is measuring 1.6 x 1.7 x 1.9 cm in size.

A sacral lymph node is significantly enlarged and rounded, presenting with a heterogeneous contrast enhancement pattern and measuring 2.6 x 2.2 x 4.8 cm in size. The descending colon



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level with the enlarged sacral lymph node is deviated ventrally.

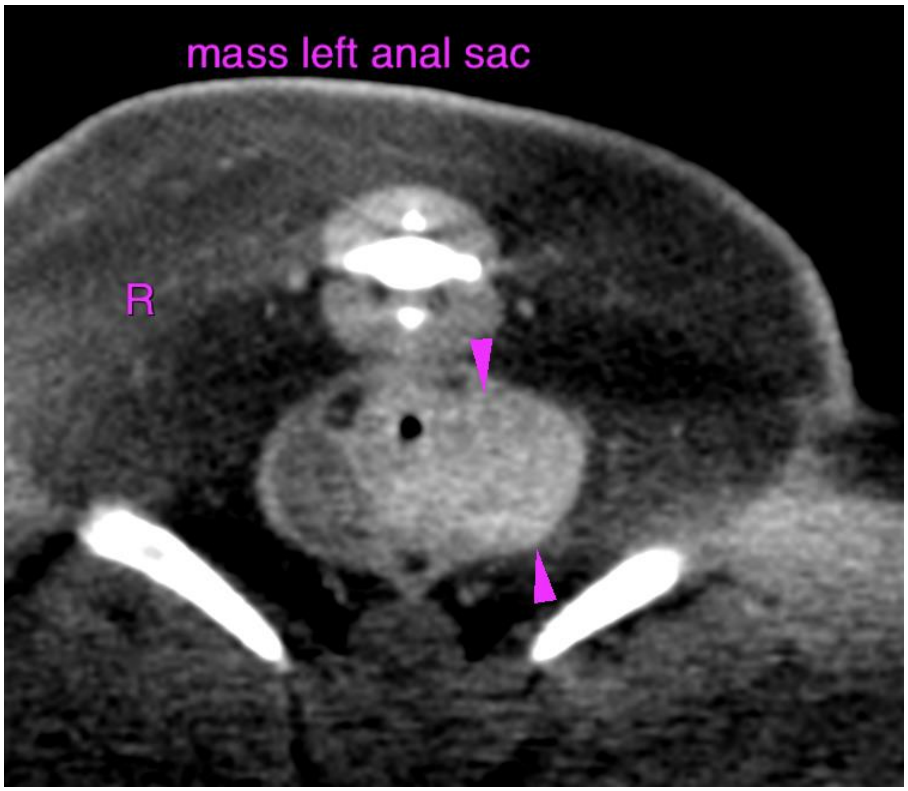
In the subcutaneous tissue lateral to the left gluteal region, a well-defined soft tissue attenuating nodule, measuring 9 mm in diameter is appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass left anal sac
- Lymphadenopathy sacral lymph node
- Non-specific subcutaneous soft tissue nodule left gluteal region
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with the history of adenocarcinoma originating from the left anal sac. The enlarged sacral lymph node is compatible with metastatic spread. The chances of surgical excision of the enlarged acral lymph node should be discussed with surgeon. Complete surgical excision of the left anal sac mass is feasible.



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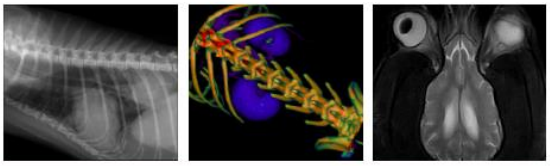

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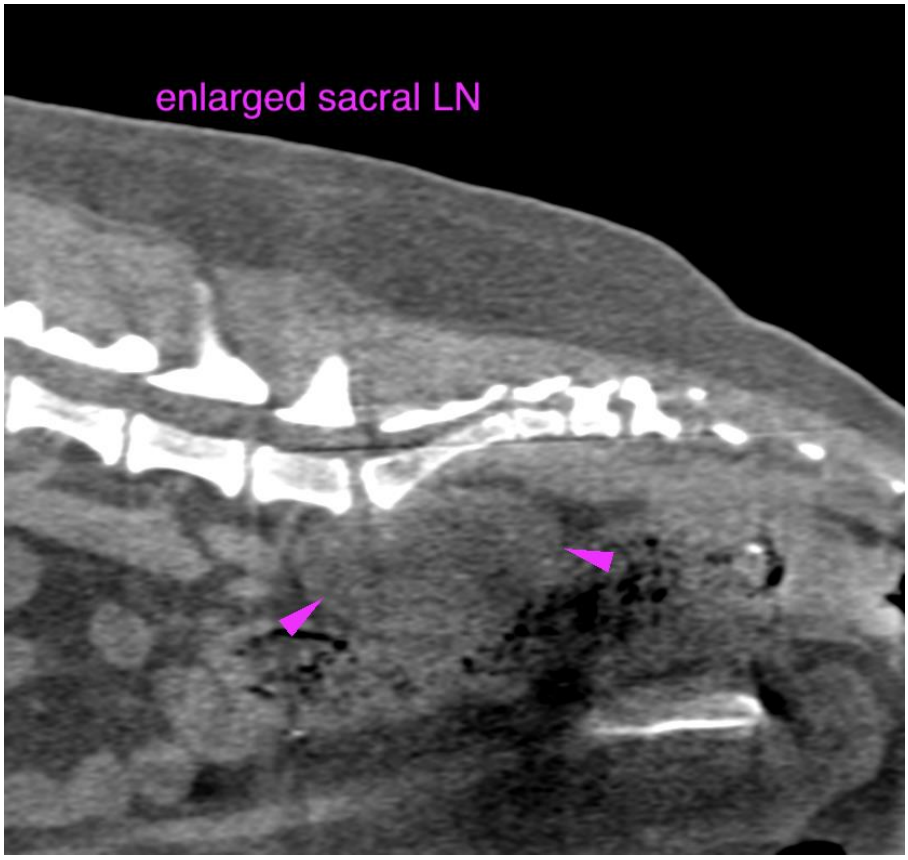

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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