



**PATIENT PRESENTING CLINICAL SIGNS**

Simon Short Perianal mass was initially noticed mid June 2022, that came up overnight (rapidly growing). Owner initially thought it was a horsefly bite, no pruritis, no scooting. O noticed brown, pus discharge from the rectum. Cytology previously performed has returned as an apocrine gland anal sac adenocarcinoma.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

**BREED**

Labrador Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

**SEX**

In the right rhomboideus muscle, an ovoid shaped, well-defined lipoma is seen, measuring 2.6 x 1.2 cm in size.

**MN**

Multifocal mild spondylosis formation is seen along the thoracic spine.

**AGE**

11 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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

Abdomen

**REFERRING VET**

Dr. Lea Mehrkens

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.

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

**DATE**

9-21-22

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

The hepatic volume is moderately increased, and the liver is protruding caudally beyond the costal arch, the caudoventral margins are rounded with convex protrusions of the hepatic surface. In the early post contrast phase, there is a generalized heterogeneous contrast enhancement pattern of the liver, not appreciated in the delayed post contrast phase where the hepatic parenchyma is uniform soft tissue attenuating.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents



**PATIENT** uniform contrast enhancement.

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

**SPECIES** In the region of the right anal sac, an irregular roundish, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is visible, measuring 9.4 x 7.9 x 10.0 cm in size. The mass is extending mildly ventrally along the perineal region. The rectum is deviated to the left and compressed by the mass effect. Post contrast administration, multiple small feeding vessels are seen in the periphery of the mass.

Canine

**BREED** The hypogastric lymph nodes are moderately to significantly enlarged and rounded and present a heterogeneous contrast enhancement pattern. There is an ill-defined mass originating from the right internal iliac lymph node, merging with the caudate muscles at the same level and protruding beyond the dorsal rim of the right iliac wing into the right gluteus medius muscle.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Right sided perianal soft tissue mass
- Lymphadenopathy hypogastric lymph nodes with a local invasive growing mass originating from the right internal iliac lymph node
- Hepatomegaly with heterogeneous contrast enhancement pattern predominantly in the early post contrast phase
- Intramuscular lipoma right rhomboideus muscle
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The perianal mass is fitting the history of right sided anal sac adenocarcinoma with metastatic spread to the tributary lymph nodes and local invasive growing mass originating from the right internal iliac lymph node. Although complete surgical excision of the large right sided perianal mass might be feasible, there are no feasible surgical treatment options for the local invasive growing mass originating from the right internal iliac lymph node. The mass is encompassing the right sciatic nerve, and neurological or lameness might develop.

Potentials for the hepatomegaly include metabolic hepatic disease ± regeneration nodules/nodular hyperplasia, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.



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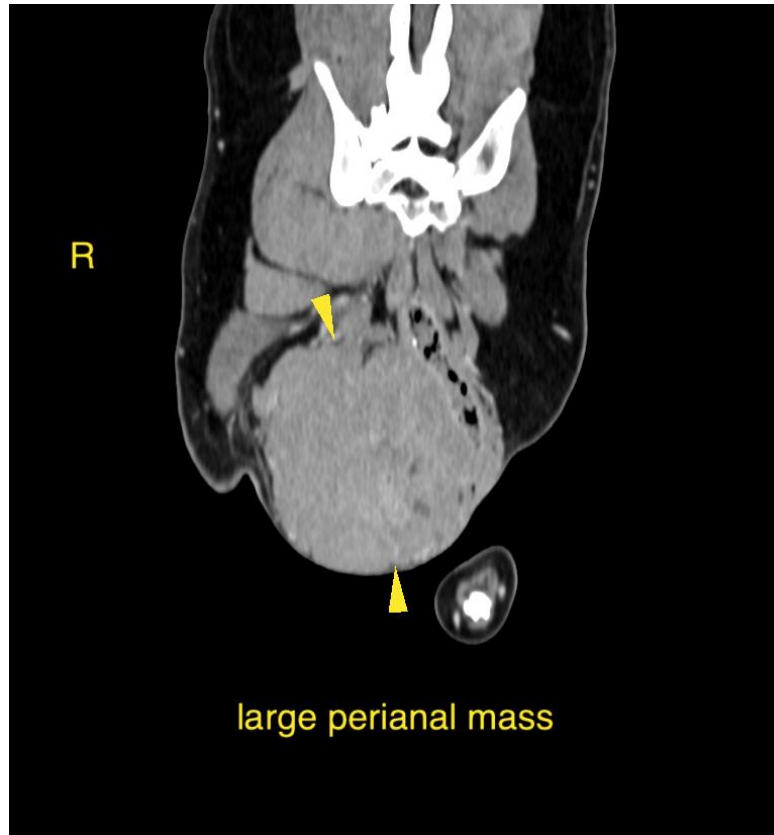
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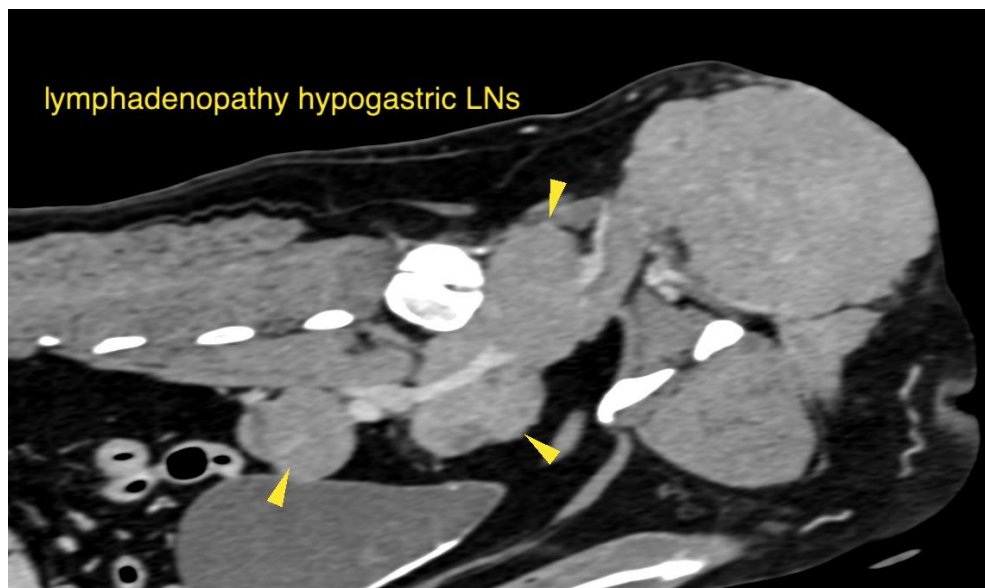
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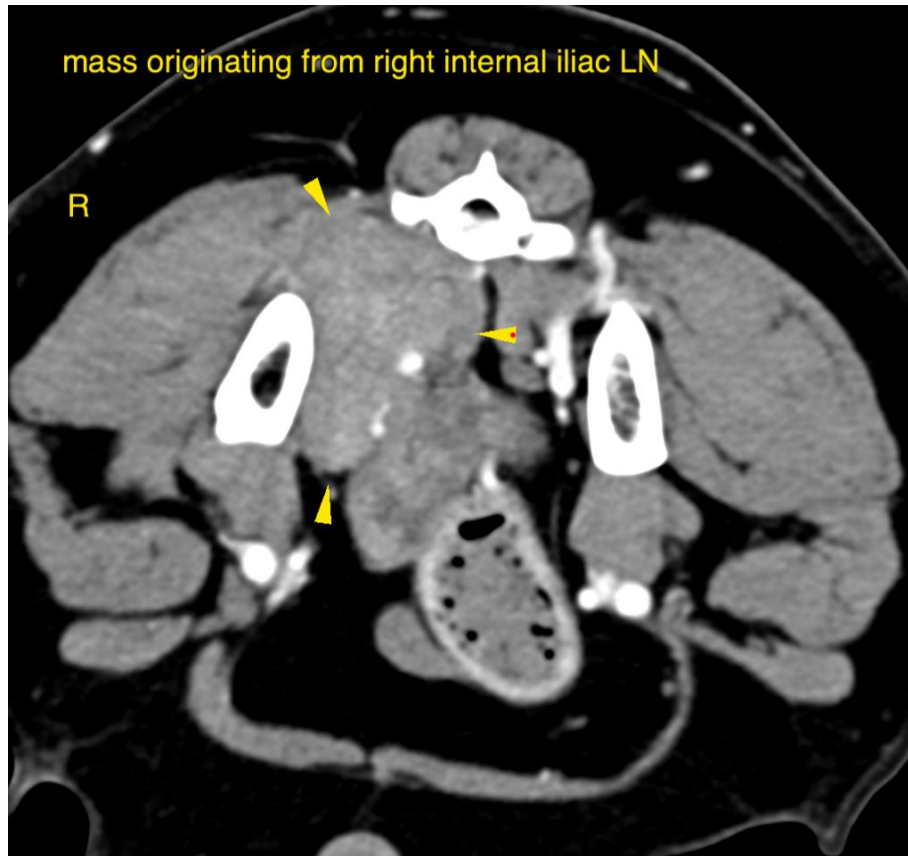
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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