



**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Wells History: Right anal sac adenocarcinoma dx by cytology on September 5, 2021. CT today for staging. Abnormal PE/Chem/CBC/UA Results: Rectal examination: 3.8 x 3 cm right anal sac mass

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Havanese **Thorax**

The bony and surrounding soft tissue structures are within normal limits.

**SEX** A marked dorsoventral flattening of the trachea level with the cranial thoracic aperture is visible.

Neutered Male 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.

**AGE** The cardiovascular structures including the pulmonary vasculature are within normal limits.

8 Years 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, but regions with mild dystelektasis of the lung parenchyma.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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

**HOSPITAL NAME Abdomen**

Animal Health  
Partners

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**REFERRING VET**

Dr. Jerome Gagnon,  
DACVIM (Oncology)

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.

**INVOICE**

13245

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.

**DATE**

9/22/21



**PATIENT**

Cooper Wells  
 Originating from the right adrenal gland, a heterogeneous soft tissue attenuating and contrast enhancing roundish well-defined mass is visible measuring 3.0 x 2.4 x 3.6 cm in size.

**SPECIES**

Canine  
 A sacral lymph node and the medial iliac lymph node are mildly prominent, the contrast enhancement pattern is uniform. The left hepatic lymph node is prominent with a mild heterogeneous contrast enhancement pattern.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**BREED**

- Havanese
- Right sided mass of the anal sac with heterogeneous contrast enhancement pattern
  - Mild prominent medial iliac lymph nodes bilaterally and one sacral lymph node
  - Lymphadenopathy left hepatic lymph node
  - Marked tracheal collapse, level with cranial thoracic aperture

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered Male  
 The mass of the right anal sac is consistent with the history of adenocarcinoma. Complete surgical excision is feasible. Prior to surgical intervention consider FNA sampling of the medial iliac lymph nodes is recommended, although I consider reactive hyperplasia as the first differential, metastatic spread should be ruled out.

**AGE**

8 Years  
 The prominent hepatic lymph node can be a sequela to subclinical hepatitis, however FNA sampling is recommended.

**INTERPRETED BY**

The segmental tracheal collapse can be a source for cough ± dyspnea.

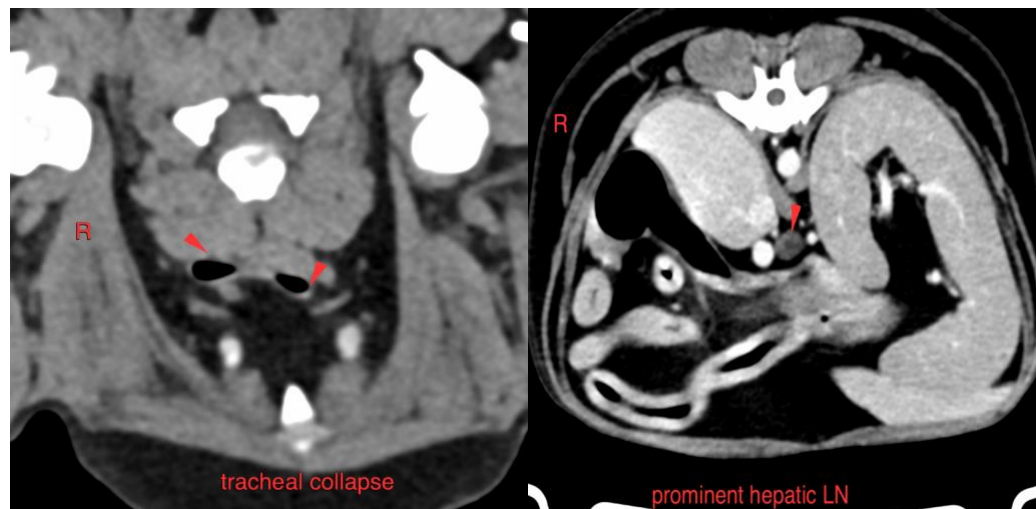
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**PATIENT**

Cooper Wells

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Neutered Male

**AGE**

8 Years

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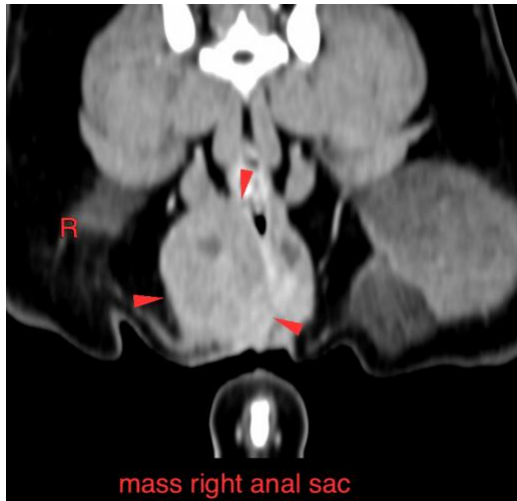
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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