



**PATIENT**

Nemo Ball

**SPECIES**

Canine

**BREED**

Golden Retriever Mix

**SEX**

MN

**AGE**

9Y

**WEIGHT**

42lbs

**INTERPRETED BY**

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

**IMAGING  
PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Armstrong

**INVOICE**

72958

**DATE**

12-11-25

**PRESENTING CLINICAL SIGNS**

Sub lumbar lymph nodes and anal gland tumors.

**COMPUTED TOMOGRAPHIC STUDY OF THORAX, ABDOMEN AND PELVIS**

A pre- and post-contrast CT study of thorax, abdomen, and pelvis are provided for review totaling 5 series. One pre-contrast series of the thorax, bone algorithm. One pre-contrast series of the abdomen and pelvis, soft tissue algorithm. Two post-contrast series of the abdomen and pelvis, soft tissue algorithm. One post-contrast series of the thorax, soft tissue algorithm.

**COMPUTED TOMOGRAPHIC FINDINGS**

**ABDOMEN & PELVIS**

A large, amorphous, heterogeneously enhancing soft-tissue mass is present in the right perineal region, corresponding anatomically to the right anal sac. The mass measures approximately 4.3 × 3.4 × 2.8 cm. It causes mild distortion of the terminal rectal lumen and produces extramural compression, although the retained fecal material in this region remains moderate in quantity and normal in attenuation.

There is severe enlargement of the sacral, medial iliac, and sublumbar para-aortic lymph nodes. These lymph nodes are rounded and form a substantial mass effect throughout the region, with the largest nodal conglomerate measuring approximately 9.9 × 8.6 cm, while additional adjacent nodes measure between 1.1 and 2.2 cm. The nodal mass surrounds and compresses the caudal vena cava without evidence of intraluminal invasion. It also results in ventral displacement of the descending colon. A suspected focal wall thickening of the distal descending colon is also noted.

The urinary bladder contains hypoattenuating fluid admixed with contrast material and demonstrates mild diffuse wall thickening.

The prostate gland is small and unremarkable.

The liver, gallbladder, spleen, pancreas, and adrenal glands are normal in size, attenuation, and enhancement.

The kidneys are normal bilaterally with unremarkable renal pelvises and ureters.

The gastrointestinal tract is normally distended and distributed with no mural masses identified.

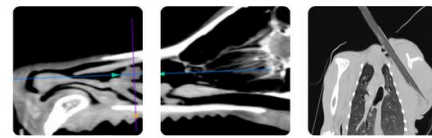
The serosal fat is normal in attenuation.

A discrete lamellar periosteal reaction is present along the ventral surfaces of L6 and L7. The coxal bones and coxofemoral joints are unremarkable.

**THORAX**

The trachea and main bronchi appear normal.

The sternal and cranial mediastinal lymph nodes are moderately enlarged, while the tracheobronchial lymph nodes remain unremarkable.



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The pulmonary parenchyma shows normal attenuation without evidence of micronodules, nodules, or mass lesions.

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The bronchial tree exhibits normal branching and tapering, and the bronchial walls are thin and smooth with a normal bronchus-to-artery ratio.

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The cardiac silhouette and pulmonary vessels are normal.

**BREED**

The pleural space, ribs, diaphragm, and thoracic wall show no abnormalities, and the thoracic esophagus is unremarkable.

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There is a discrete region of osteophytosis at the border of the left scapula, which is considered incidental.

**MN**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**AGE**

- A large, amorphous, heterogeneously enhancing soft-tissue mass is present in the right perineal region, corresponding anatomically to the right anal sac. The differential diagnosis includes perianal neoplasia, such as apocrine gland adenocarcinoma of the anal sac.
- There is extensive and severe enlargement of the sacral, medial iliac, and sublumbar para-aortic lymph nodes, consistent with metastatic lymphadenopathy.
- A mild focal thickening of the distal descending colon is noted, raising suspicion for a possible metastatic mural lesion.
- There is mild diffuse thickening of the urinary bladder wall, possible cystitis.
- Moderate sternal and cranial mediastinal lymphadenopathy raises concern for possible extra-abdominal metastatic spread.
- A discrete lamellar periosteal reaction is present along the ventral surfaces of L6 and L7, raising the possibility of metastatic bone disease.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The tomographic study identifies a large right perineal/anal sac mass. The primary differential diagnosis is neoplasia, such as apocrine gland adenocarcinoma of the anal sac (AGASACA). Other possible neoplasms include perianal gland carcinomas and perianal gland epitheliomas.

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The mass exerts mild extramural compression on the terminal rectum but does not currently produce a complete obstructive pattern. There is extensive and severe enlargement of the sacral, medial iliac, and sublumbar para-aortic lymph nodes, as well as the mediastinal lymph nodes, findings that are most consistent with advanced metastatic lymphadenopathy.

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Consider an ultrasound-guided FNA or biopsy for a definitive diagnosis.

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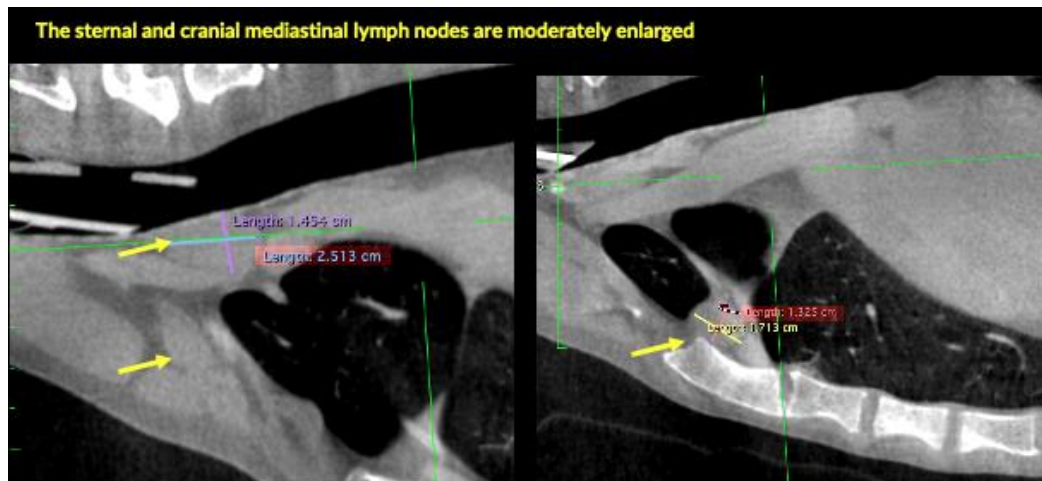
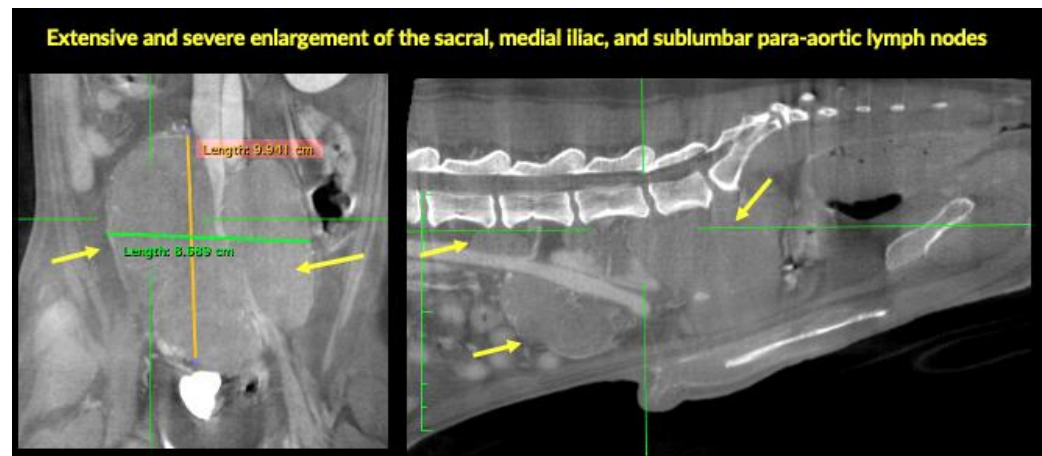
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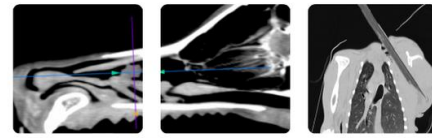
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**BREED**

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**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
[info@sonopath.com](mailto:info@sonopath.com)

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