



PATIENT PRESENTING CLINICAL SIGNS

Shadow Blay

Evaluation of a mast cell tumour and AGASACA. The MCT is located in the proximal groin area and was initially noted in October, with Shadow occasionally scooting but otherwise not being bothered by it. The mass had grown since it was first observed (on exam noted as 3x4cm soft SQ mass). FNAs were submitted for histopathology and were suspicious for a MCT. Shadow was booked in for mass excision with her regular veterinarian on January 31st when a large firm mass was noted on the right side of her anus and it was recommended that the surgery be cancelled. CBC and biochemistry at that time were unremarkable. Both masses continuing to grow Shadow is currently straining to defecate and has more frequent bowel movements. FNA of the mass revealed AGASACA

SPECIES

Canine

BREED

Mixed Breed

COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN AND THORAX

A high-resolution pre- and post-contrast CT study of the abdomen and thorax are provided for review. One pre-contrast series and four post-contrast CT series are evaluated.

SEX

FS

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

A large, irregular, multilobulated, heterogeneously enhancing soft tissue mass, with an internal hypoattenuating cystic lesion, is seen at the topographic region of the right anal sac and contiguous ipsilateral rectum wall border. The lesion causes an extramural and/or mural mass effect in the distal portion of the rectum, and extramural luminal compression is seen. The mass measures approximately 6.0cm x 5.2cm x 6.4cm in size. The extension contact of the mass with the rectum wall border is approximately 5.7cm in length. The right sacral and medial iliac lymph nodes are mildly enlarged in comparison to the contralateral measuring 1.5cm x 0.5cm and 2.1cm x 0.7cm, respectively.

The remainder of the abdominal lymph nodes and adrenal glands are normal.

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The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape, however, small hypoattenuating cystic structures are seen measuring 0.5cm and 0.4cm in size. The gallbladder is unremarkable. The intra-hepatic portal and hepatic vasculature are normal.

A small hypoattenuating cystic structure is seen at the dorsal portion of the right renal cortex. Besides the small lesion, the renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal length is 5.3cm in the right kidney and 6.2cm in the left kidney.

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The ureters are normal in size with correct insertion in the trigone region.

The urinary bladder is mildly filled, with the apex in the plane of L7, and is homogeneously soft tissue opaque.

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The spleen is moderately diffusely enlarged with small multifocal mildly contrast enhancing nodules and measure between 0.4cm to 1.0cm. The shape and contour of the parenchyma are normal.

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2-8-23



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The stomach is moderately filled and normally positioned, containing a small amount of gas admixed with homogeneous soft tissue attenuating material – fluid, with gas.

The duodenum and small intestine are nondilated and contain a small amount of fluid attenuating material and gas.

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All portions of the colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material.

The pancreas and mesentery are normal.

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The remainder of the abdomen is normal.

A large, regular, rounded, heterogeneously enhancing soft tissue mass is seen at the ventral inguinal subcutaneous fat/skin. The mass measures 6.3cm x 2.7cm x 5.2cm. The ipsilateral inguinal lymph node is mildly enlarged.

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The vulva region is thickened with adjacent soft tissue swelling.

Multifocal thoracic and lumbosacral incomplete bridging spondylosis deformans.

AGE

13 Years

Thorax

At least two hyperattenuating foci are seen in the lung lobes, for example at (Series 7, Im 138/457). The remainder of the pulmonary parenchyma is normal. No evidence of pulmonary masses or soft tissue attenuating nodules.

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The cardiac silhouette and pulmonary vasculature are normal.

The lumen of the trachea and main bronchus are normal.

The tracheobronchial lymph nodes are normal.

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The sternal, mediastinal, and cranial mediastinal lymph nodes are unremarkable.

The pleural space and diaphragm are normal.

No other abnormalities are identified.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right sided anal sac mass meeting neoplastic criteria compatible with the history of a known AGASCA.
- Mild sacral and medial iliac lymphadenopathy, reactive or metastatic.
- Large inguinal subcutaneous mass meeting neoplastic criteria for mast cell tumor.
- The mast cell tumor apparently blends into the vulvar tissue, other differentials include concurrent subcutaneous/vulvar swelling, edema, and vaginitis.
- Moderate splenomegaly and small multifocal attenuating nodules, differential diagnosis includes lymphoid hyperplasia, extramedullary hematopoiesis, or infiltrative neoplasia, metastasis.
- Small incidental cysts in the hepatic parenchyma.
- Small incidental cyst at right renal cortex.

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- Few incidental osteomas.
- No evidence of pulmonary metastatic disease.
- Multifocal thoracic and lumbar spondylosis deformans.

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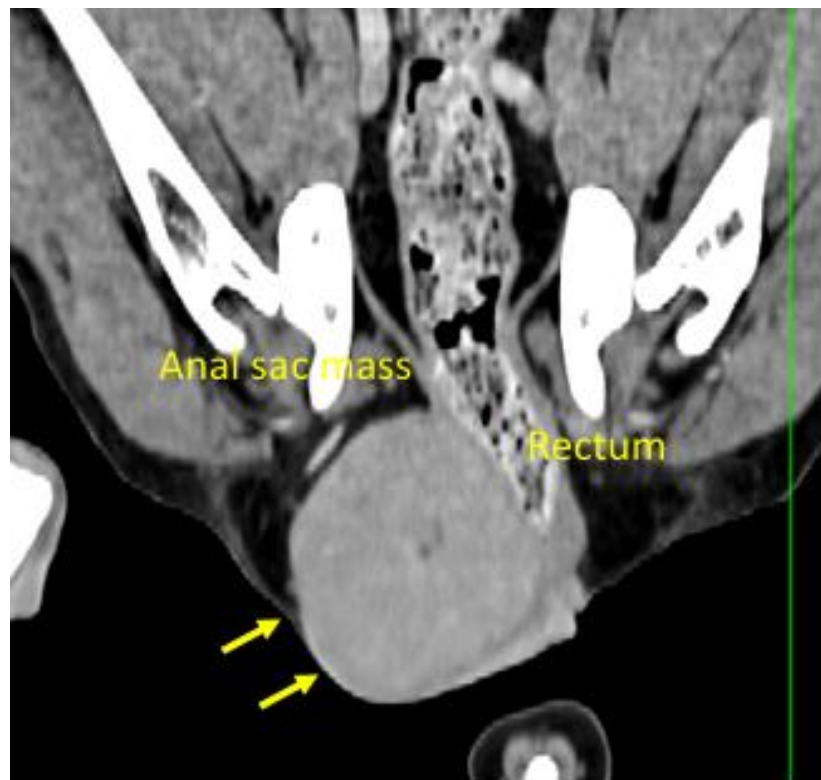
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A biopsy of the anal sac mass is required for final diagnosis. Usually, the therapeutic approach involves a surgical approach; in this specific case, consider the extension of the mass besides surrounding the rectum wall. In addition, coadjutant chemotherapy or radiotherapy could be necessary.

Repeat cytology and excisional biopsy is suggested for the final diagnosis of the subcutaneous mass.

For splenomegaly, an ultrasound guided fine-needle aspiration is suggested.





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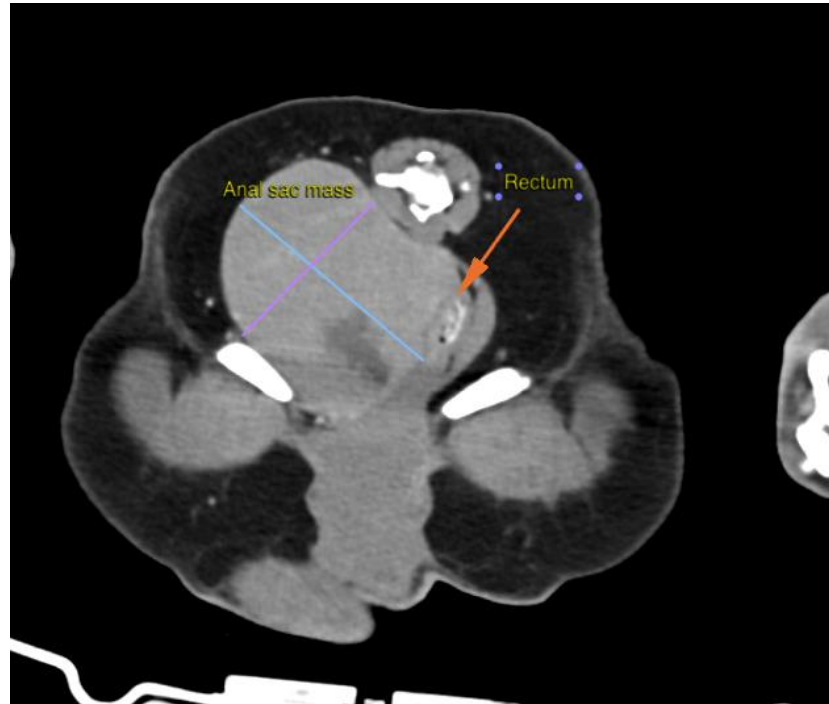
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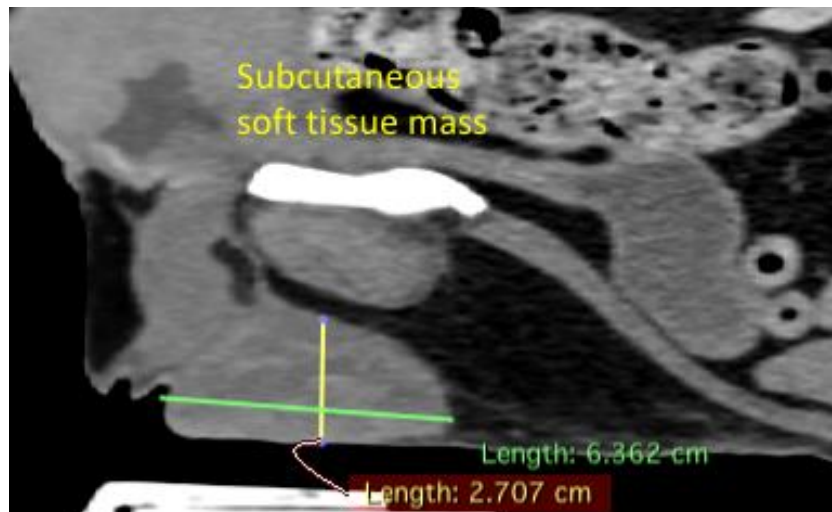
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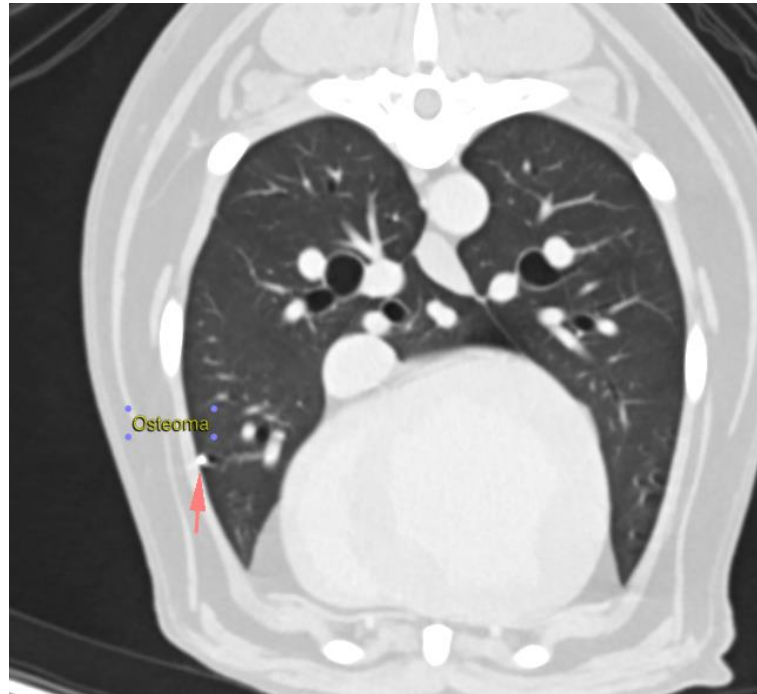
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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