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What's Your Radiographic Diagnosis?

by Lee Carpenter*
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HISTORY

An obese eight year old spayed Peke—Cocker mix was admitted by owners who noticed an enlarged area in the perineum. A subcutaneous palpable mass of approximately 3 cm diameter was found in the right perineal region

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adjacent to the anal sac. Rectal palpation indicated a rough and nonencapsulated mass fixed to deep structures. Radiographs of the abdomen and thorax at this time were unremarkable. Surgery was performed and a 1.5 inch in diameter multilobulated mass was removed from the right perineum. Radiographs were taken one year after this initial surgery. See figures 1, 2, and 3 and make your radiographic diagnosis.

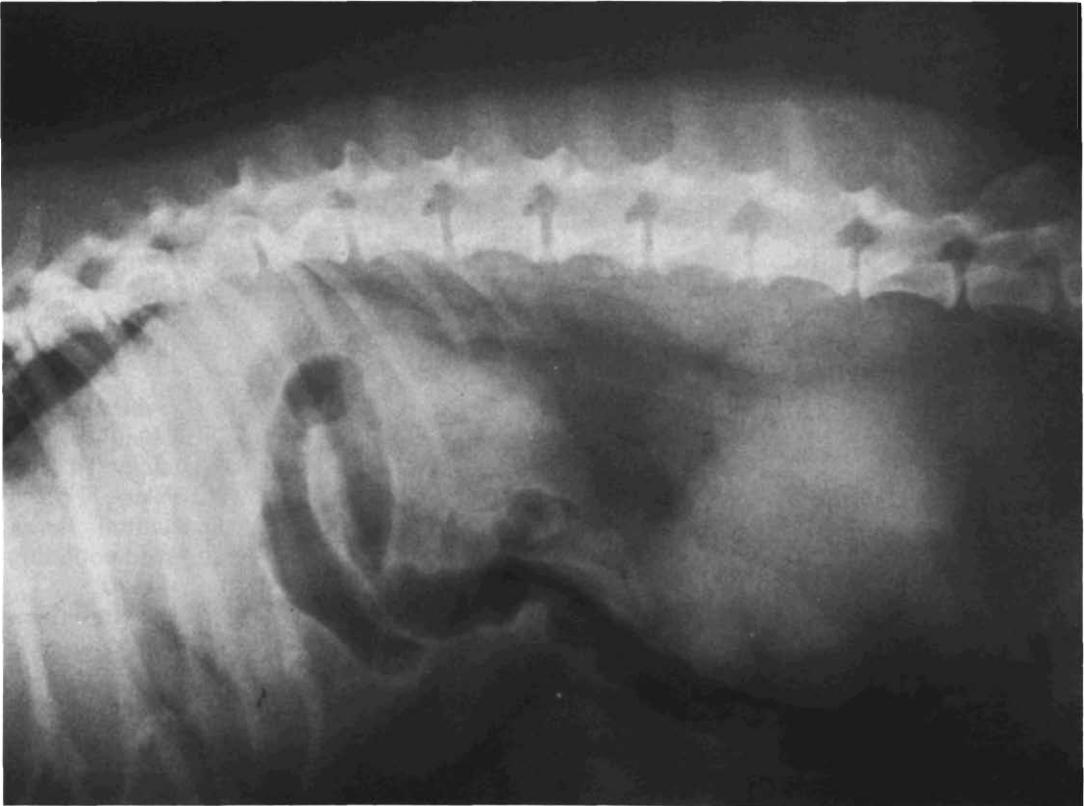


Fig. 1.

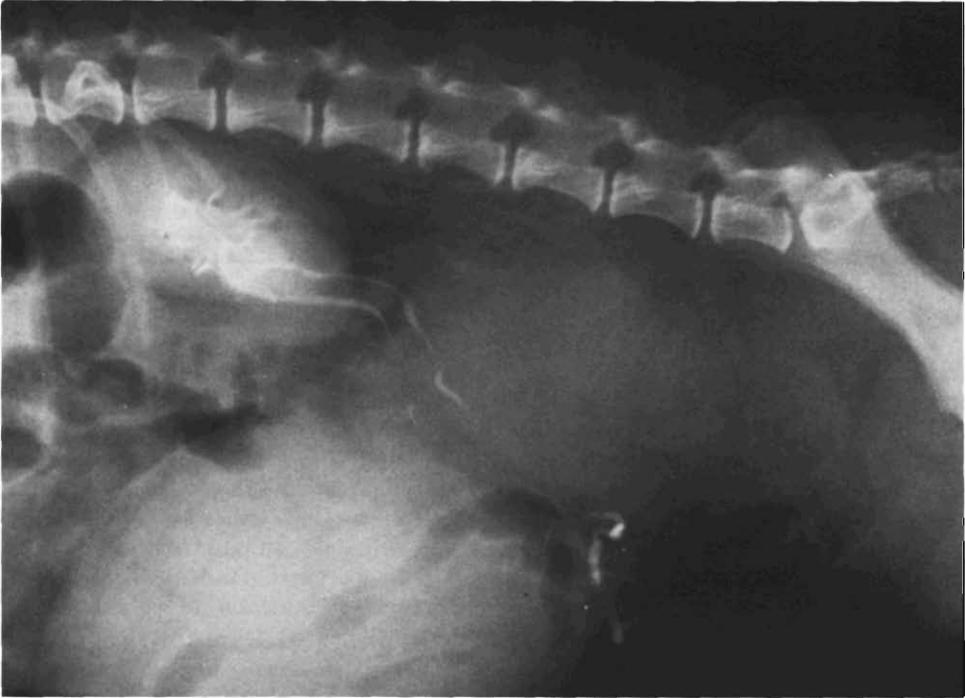


Fig. 2.



Fig. 3.

RADIOGRAPHIC DIAGNOSIS

Figure 1-Lobulated soft tissue density mass is present in the caudodorsal portion of the abdomen. The mass displaces the descending colon in a ventral direction, indicating the mass is retroperitoneal in origin. This appearance is consistent with massive enlargement of the internal iliac (sublumbar) lymph nodes.

Figures 2 and 3—Excretory urography shows significant cranial displacement of the urinary bladder by the sublumbar mass. The ureters are displaced in a cranioventral direction and are quite torturous. At this time there is no indication of ureteral obstruction or secondary hydronephrosis, although this would be anticipated in the near future. The location of the sublumbar mass and the way in which it has displaced the bladder indicates that the mass is compressing the vesicourethral junction and causing urethral obstruction.

COMMENT

The initial surgery was an incomplete removal of a perianal gland adenocarcinoma. Radiographs at that time showed no metastasis to the lung or sublumbar lymph nodes. The dog was then placed on a 16 week regimen of B-cyclodextrin benzaldehyde inclusion compound. After 12 weeks enlargement of sublumbar lymph nodes was noticed via rectal exam and confirmed by radiographs. A second surgery was performed resulting in an incomplete removal of metastatic sublumbar lymph nodes and the dog was subsequently placed on megadoses of vitamins C and E and selenium. Follow-up radiographs and exploratory surgery revealed an inoperable enlargement of sublumbar lymph nodes. The dog was euthanized approximately one year after initial admittance to the clinic. Histopathological diagnosis was $T_2N_0M_0$ perianal gland adenocarcinoma with secondary metastasis to sublumbar lymph nodes.

