



PATIENT

Lady Gaga Murtaugh

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9Y, 10M

WEIGHT

4.92kg

INTERPRETED BY

Dr. Mauro Caldas MV,
CBRV

IMAGING PERFORMED BY

Magdiel N.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha
Parkinson

INVOICE

75297

DATE

6-3-26

PRESENTING CLINICAL SIGNS

Pt initially presented at primary veterinarian on 5/21/2026 for not acting like herself, acting lethargic, not interested in eating and weight loss. On abdominal radiographs it was noted abdominal fluid and concern for pleural effusion. Pt returned on 05/22 for an echocardiogram and abdominal ultrasound. Echo: no evidence of structural heart disease, mild pleural effusion noted. AUS: free anechoic peritoneal fluid, lobulated hyperechoic peritoneal fat. A sample of the abdominal fluid was send out for cytology, results were consistent with modified transudate. Ascites fluid was tested for FIP and VF, both came back negative. An abdominocentesis was performed on 06/02/2026, 500 mls were collected. Pt was referred for additional diagnostics including abdominal and thorax CT scan. Abnormal PE/Chem/CBC/UA Results: Bloodwork from 06/03/2026: Glucose 189 mg/dL, BUN 49 mg/dL, sodium 138 mmol/L, chloride 104 mmol/L, GGT 7 U/L, RDW 28.3 %, WBC 43.62 K/uL, neutrophils 39.98 K/uL, monocytes 1.30 K/uL, platelets 977 K/uL, plateletcrit 1.57 %.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Survey and post contrast CT images provided for review

COMPUTED TOMOGRAPHIC FINDINGS

Thorax:

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth.

The lung parenchyma presents multiple small nodules up to 0,5 cm wide on all lobes.

The mediastinum presents with enlarged lymph nodes measuring up to 0,7 cm. The sternal lymph nodes also present enlarged measuring 0,7 cm.

No obvious effusion seen in the pleural space.

Thoracic wall musculature presents symmetrical and bone structure without lysis.

The thoracic spine is aligned. No vertebral lysis seen. No medullary compression seen.

Abdomen:

Extensive peritoneal effusion with peritoneal fat stranding and poorly delimited small nodular pattern in the peritoneum are seen beside the liver and spleen.

The liver presents with normal size. At least three hypovascular nodules are seen in right lateral, quadrate, and left lateral lobes measuring between 1,4 and 1,7 cm. The gall bladder is full. No stones seen.

The stomach and small intestines appear normal.

The ascending colon exhibits a poorly delimited loss of muscular / mucosal definition with focal thickening, at least 5,9 cm long. Empty descending colon and feces in the rectum.



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Spleen presents with normal size and shape. No mass or nodules seen.

The adrenal glands appear normal.

Both kidneys present with normal size and shape. Normal contrast excretion on both sides.

Retroperitoneum appears normal

Medial iliac lymph nodes are symmetrical, with normal size and shape.

Urinary bladder presents with thin walls and no stones seen.

The lumbar and sacral spine are aligned. No vertebral lysis seen. No medullary compression seen.

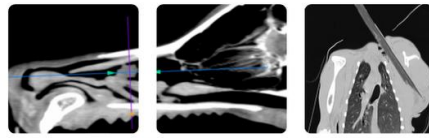
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal pulmonary nodules.
- Sternal and cranial mediastinal lymph node enlargement.
- Three hepatic hypovascular nodules.
- Focal ascending colon mass lesion.
- Ascites and small peritoneum nodules and peritonitis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ascending colon lesion appears to be a neoplasm like adenocarcinoma, with peritonitis and possible carcinomatosis. Nodules on the liver and lungs are metastasis. The advanced state indicates that the prognosis is poor, but a biopsy may be considered for oncological evaluation.





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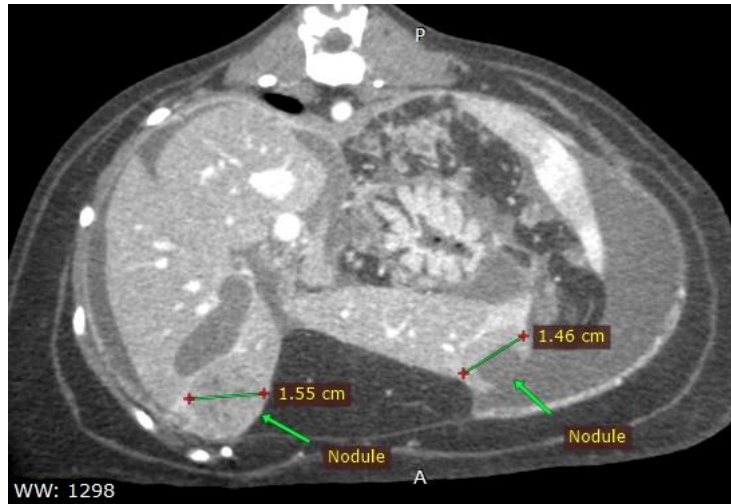
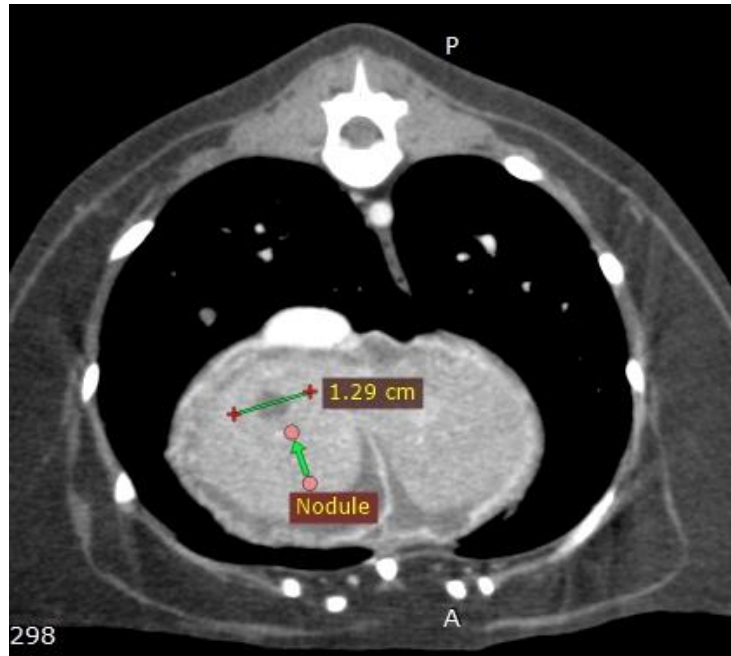
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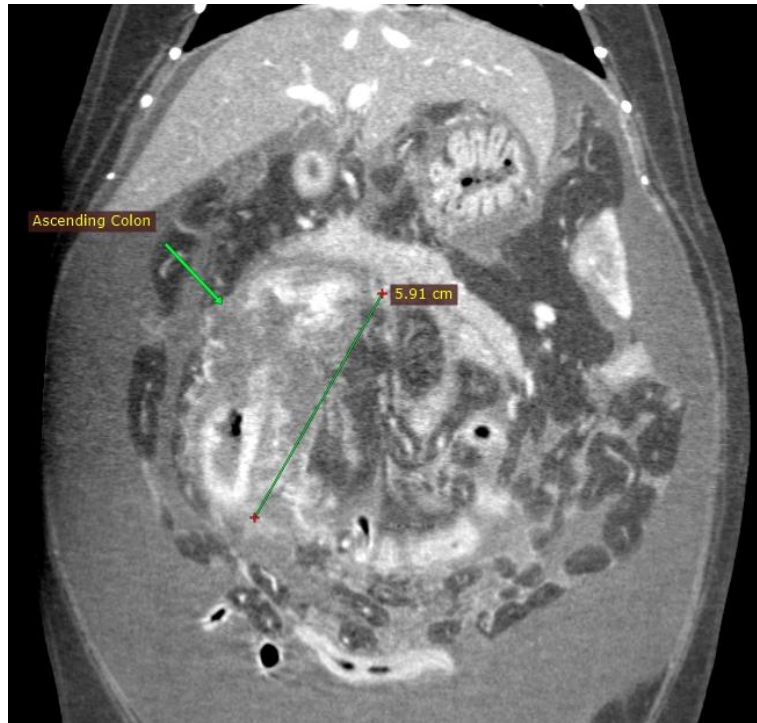
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Mauro Caldas MV, CBRV

info@sonopath.com