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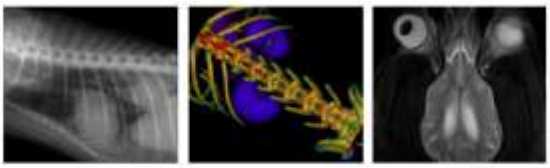

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1-800-838-4268 info@sonopath.com

**PATIENT**

Tuxxelfarb McCleese

**SPECIES**

Feline

**BREED**

Persian

**SEX**

MN

**AGE**

14 Years

**INTERPRETED BY**

Nele Eley, DVM
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Mobile Pet Imaging
CFL

**REFERRING VET**

Borecky

**INVOICE**

49614

**DATE**

1-17-22

## PRESENTING CLINICAL SIGNS

12/24/21 presented to ER for urethral blockage, was sedated and before passed catheter was able to urinate. They did pass a ucath and flushed bladder with no comment about difficulty. UA unremarkable, chemistry mild elevation in Crea. Went home with meds. One week later presented again to ER with vomiting, abd pain and severe constipation. fPLI was abnormal. Manually fecal evacuated at that time. Labwork has shown mild elevation in Crea. At ER also did brief US and saw focal thickened area of colon 0.88-0.9cm. Since then he was seen here and had another US (see report below). He has been dribbling urine consistently and has a firm bladder that is difficult to express. He has had liquid stool that improved after reducing stool softeners but he strains and gets small amounts at a time out. Concern for nerve impingement or mass that is effecting ability to urinate and defecate. 2/6 heart murmur; Bladder is large and firm, dripping urine constantly. Since starting prazosin can express more than just drips but still not normal stream; Rectal palpation: no masses palpated, reduced tone No CP deficits or back pain Radiology report AUS 1/10/22 Radiographic Findings: Multiple static images and video clips from an abdominal ultrasound are submitted for review. The liver and gallbladder appear subjectively within normal limits. The spleen is subjectively, mildly prominent in size and slightly mottled in texture. The hypoechoic structure adjacent to the tail of the spleen is most consistent with a normal-appearing left pancreas. The bilateral kidneys have subjectively mildly diminished corticomedullary definition with increased cortical echogenicity and mild diverticular mineralization. The urinary bladder is normally thin-walled and contains a mild to moderate amount of gravity dependent echogenic debris. There is mild diffuse thickening of the muscularis layer throughout the small intestine. The jejunal lymph nodes are mildly prominent and hypoechoic. A very scant amount of free peritoneal fluid is noted in one of the video clips. Radiographic Conclusions/Recommendations: Differentials for the prominent, mildly mottled appearance of the spleen and diffuse thickening of the small bowel include round cell neoplasia such as lymphoma. Alternatively, I can about the possibility of chronic enteritis as with IBD and splenic lymphoid hyperplasia, or inflammatory disease. The mildly prominent appearance of the colon caudal to the urinary bladder is of unknown clinical significance but could be associated with inflammation, mild diffuse neoplasia, or could be normal. The prominent lymph nodes could also be associated with either lymphoma or reactive lymphoid hyperplasia. The findings in the kidneys are consistent with chronic nonspecific nephritis. The findings in the urinary bladder could also be consistent with cystitis, hemorrhage, or proteinaceous debris. The exact clinical significance is unknown. Fine-needle aspiration of the spleen could be considered. Alternatively, biopsy of the small intestine appears to be indicated. A urinalysis with urine culture and sensitivity is also indicated if not already performed. Current Rx: Prazosin, gabapentin, miralax

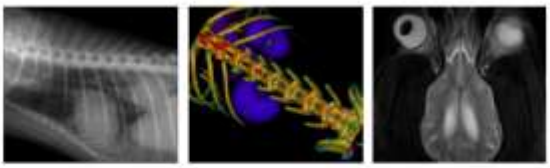
## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies of the abdomen and post contrast study of the thorax available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Abdomen

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



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The urinary bladder is severely distended. No evidence of mineral attenuating structures is seen within the urinary bladder. There are no obvious wall changes. The urinary bladder neck appears to be patent. A 2.5mm sized mineral attenuating structure is seen to the right of the urethra. This structure appears to be outside of the lumen of the urethra and to be surrounded by fat attenuating tissue level with the pubic rim. No evidence of urethral dilation is seen. Several submillimeter sized mineral attenuating structures are seen within the pathway of the urethra level with the tip of the penis.

A mild amount of mineral attenuating material is present in the renal diverticuli of both kidneys. The nephro- and pyelo- grams present within normal limits. No evidence of pyelectasia or ureteral dilation is seen.

The adrenal glands are within normal limits for size, shape and organ architecture.

The splenic enhancement is heterogeneous in the early post-contrast study; however, uniform on the post-contrast study which is a normal finding.

A small cyst is seen in the parenchyma of the right division of the liver. The cyst measures 2.5mm in diameter. Mild extrahepatic biliary duct dilation is seen.

The pancreatic duct is dilated. The pancreas presents mild generalized enlargement. No evidence of regional mesenteropathy is seen.

There appears to be mild generalized thickening of the small intestinal wall. Average diameter of the intestinal wall is 2.5mm which is borderline.

Mild regional thickening of the wall of the descending colon is seen level with the urinary bladder neck. The wall measures up to 4mm in thickness. No discreet mass effect is seen.

The regional colonic lymph nodes are mildly enlarged.

No evidence of mesenteric lymphadenomegaly is seen.

## Thorax

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

A 3.0 x 1.5 cm sized lobulated hypoenhancing well delineated mass is seen in the cranial and ventral mediastinum.

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

The lung presents a moderate generalized bronchial pattern with multifocal interstitial scarring and mucus plugging resulting in a tree-in-bud pattern.

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

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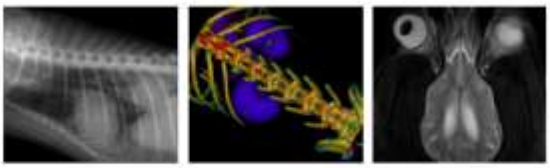

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal mass.
- Chronic lower airway pattern with tree-in-bud presentation.
- Suspect triaditis with diffuse intestinal wall thickening, pancreatopathy, and mild extrahepatic biliary duct dilation.
- Regional wall thickening of the descending colon with regional lymphadenomegaly.
- Mineral attenuating structure within the pelvic canal to the right of the urethra.
- Suspect urethral microlithiasis level with the tip of the penis.
- Bilateral hypercalcemic nephropathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a cranioventral mediastinal soft tissue mass meeting neoplastic criteria. Differential diagnosis includes cranioventral mediastinal lymphoma and less likely thymic lymphoma, thymoma, ectopic thyroid carcinoma, or other soft tissue neoplasia. Final diagnosis will require sampling which could be obtained under ultrasonographic guidance from the cranial thoracic aperture or using a parasternal intercostal window.

The remainder of the thoracic changes are compatible with chronic allergic lower airway disease with multifocal bronchial mucus plugging. Superinfection cannot be ruled out entirely.

The combination of mild diffuse intestinal wall thickening, extrahepatic biliary duct dilation, pancreatic duct dilation, and enlargement is suggestive for triaditis with cholangitis/ cholangiohepatitis, pancreatitis, and potential IBD. However, diffuse infiltrative disease can never be ruled out entirely even though is considered by far less likely here.

The CT presentation of the spleen was within the expected limits.

The regional wall thickening of the colon is unspecific. It may represent regional inflammation versus early infiltrative disease. The lymph node changes are equivocal for reactive hyperplasia versus lymphomatous or other infiltrative. Consider fine needle aspiration for further definition.

The mineral attenuating structure at the pelvic floor to the right of the urethra is likely to represent dystrophic mineralization, bates body, or other nodular lipomatosis. It is not considered likely that this structure is situated within the urethral lumen or representing tumoral calcification. However, there appear to be small mineral attenuating structures at the tip of the penis compatible with urethral microlithiasis.

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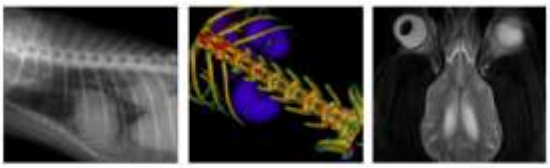

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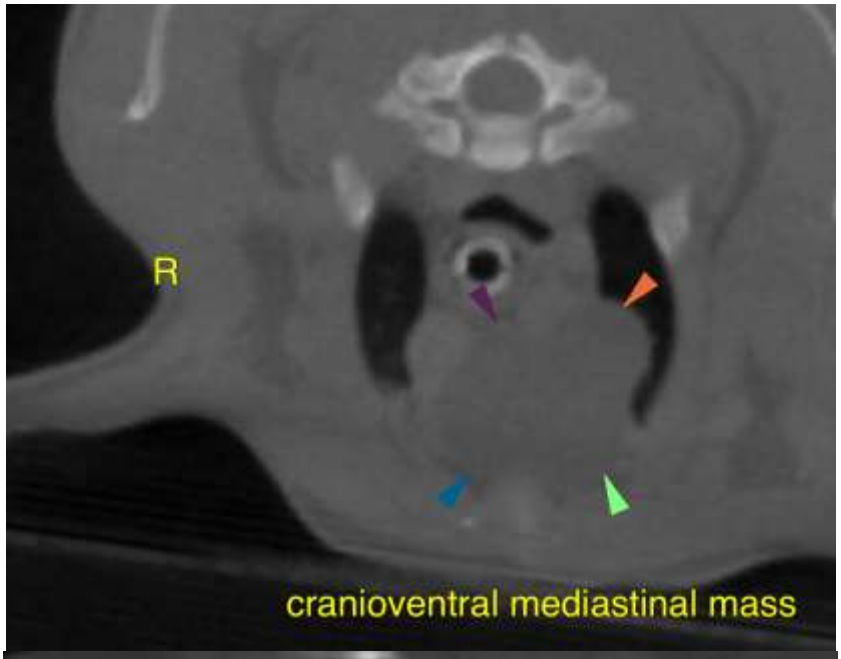


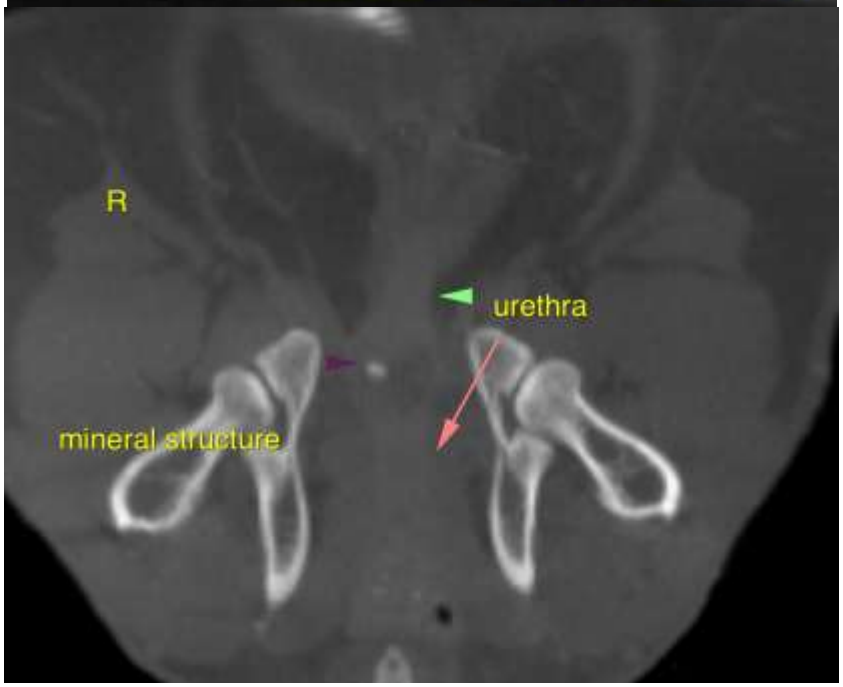

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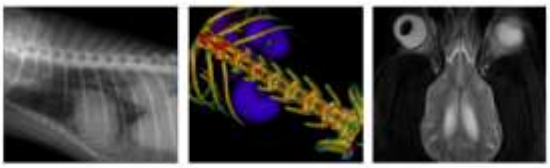

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com