



PATIENT PRESENTING CLINICAL SIGNS

Leo Willner Ultrasound revealed caudal abdominal mass- suspect colon. Ongoing anorexia and weight loss. Abnormal PE/Chem/CBC/UA Results: murmur gr 2/6

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

DLH **Abdomen**

A 3.6 cm long, 1.0 cm high, and 1.5 cm wide mass is seen in the caudal descending colon. The mass is noncircumferential and situated on the mesenteric side of the descending colon. Transmural wall thickening with complete loss of wall layering is noted. The attenuation and enhancement of the mass appear to be reduced compared to the remainder and surrounding large intestinal wall. There is no evidence of regional mesenteropathy. Partial luminal obstruction is noted due to the luminal extension of the mass.

SEX Four of the colon lymph nodes are enlarged and mildly rounded and range in diameter between 5-7mm.

Neutered Male

AGE 12 Years

The kidneys are irregular in shaped with multiple cortical renal infarcts and a mild amount of mineral attenuating material within the renal diverticuli and pelvis.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

The pancreas presents mild generalized enlargement, mild generalized pancreatic duct enlargement, and mild dilation of the extrahepatic biliary ducts is seen.

The liver and gallbladder present within normal limits.

The spleen presents within normal limits.

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The adrenal glands present within normal limits as well.

Mild epigastric lymphadenomegaly is noted.

REFERRING VET Thorax

Meaux The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

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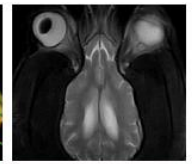
The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

DATE

10-6-22

The lung parenchyma presents the expected architecture and attenuation behavior.

**PATIENT**

Leo Willner

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

COMPUTED TOMOGRAPHIC DIAGNOSIS**SPECIES**

Feline

- Large intestinal wall mass within the descending colon meeting neoplastic criteria and causing partial luminal obstruction.
- Multiple regional lymphadenomegaly of the colon lymph nodes.
- Suspect pancreatopathy.
- Mild dilation of the extrahepatic biliary system.
- Mild epigastric lymphadenomegaly.
- Bilateral chronic hypercalcemic nephropathy with multiple cortical renal infarcts.
- Normal CT findings of the lung.

BREED

DLH

SEX**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

Neutered Male

The CT study confirms the presence of a large intestinal mass within the caudal descending colon. Partial luminal obstruction and regional lymphadenomegaly are noted. Differential diagnosis includes lymphosarcoma, adenocarcinoma, and less likely leiomyoma, leiomyosarcoma, or gastrointestinal stromal tumor.

AGE

12 Years

The lymph node changes are equivocal for reactive hyperplasia versus metastatic disease / lymphomatous infiltrate.

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The findings of the pancreas and biliary system suggest potential for mild triaditis.

The epigastric lymphadenomegaly is compatible with reactive hyperplasia. Metastatic disease cannot be ruled out entirely but is thought less likely.

Further definition of the type of tumor within the descending colon by means of ultrasound guided fine needle aspiration could be considered in order to set up a treatment plan accordingly.

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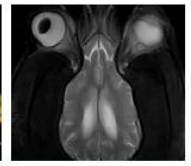
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SPECIES

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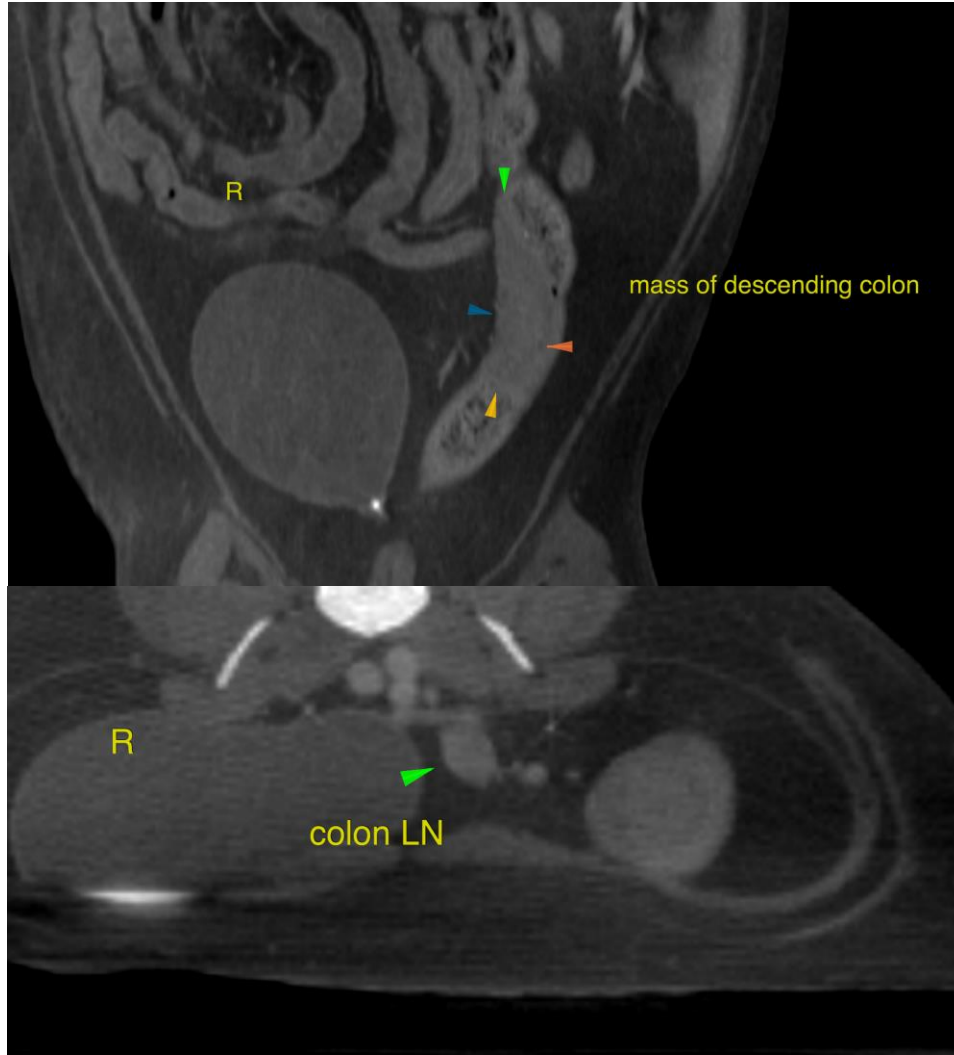
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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