



PATIENT

Oliver Hamel

PRESENTING CLINICAL SIGNS

FNA cytology abdominal mass - suspected adenocarcinoma, concern this is metastatic carcinoma to the lymph node. Can't rule out - L.N., mesenteric, eccentric intestinal, (abd u/s performed) or pancreatic . Would like to know how & where is this mass attached for potential surgical resection.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

BREED

DLH

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

MN

Abdomen

A 4.8 x 3.8 x 5.0 cm sized mass is seen in the right cranial abdomen in the gastric outlet angle paralleling the mesenteric side of the descending duodenum. The mass blends into the left limb of the pancreas. Multifocal superficial and deep vascular anastomoses are seen. The mass presents moderate heterogeneous enhancement with multifocal central cavitations. A mass effect onto the stomach and descending duodenum is noted.

AGE

12 Years

No evidence of regional lymphadenomegaly or hepatic nodules is found.

The spleen and adrenal glands present within normal limits.

Mildly weak and heterogeneous nephrogram of both kidneys is noted.

The small and large intestine and mesenteric lymph nodes present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Thorax

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

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.

HOSPITAL NAME

Bridgwater
Veterinary Hospital
and Wellness Centre

REFERRING VET

Dr. Jocelyn Beggs

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.

INVOICE

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

DATE

11-1-22



PATIENT **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Oliver Hamel
- Large pancreatic mass meeting neoplastic criteria.
 - No evidence of metastatic disease.

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Feline

The CT findings are compatible with a large pancreatic soft tissue mass with extensive mass effect onto the stomach, gastric outlet, and descending duodenum. The common bile duct cannot be clearly delineated from the mass. Differential diagnosis includes pancreatic adenocarcinoma, which would also parallel the clinical history of the patient, as well as other pancreatic neoplasia including round cell.

BREED

DLH

Evidence of metastatic disease to the lymph nodes, liver, mesentery, or lung was not found.

SEX

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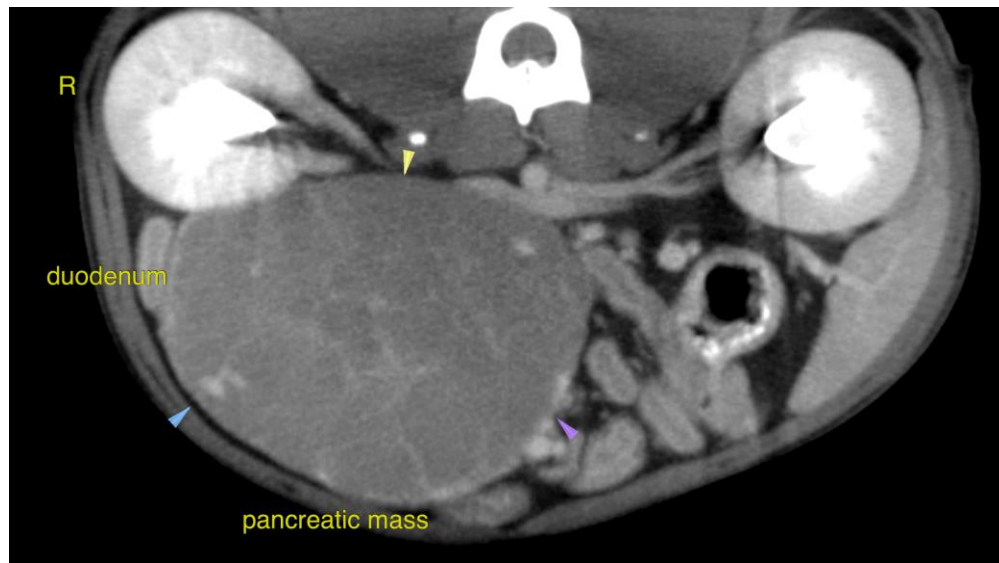
Dr. Jocelyn Beggs

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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