



## PATIENT PRESENTING CLINICAL SIGNS

**Niki Resto** The patient has a mass in one of the lungs, and surgical removal is being considered. A CT scan is requested to evaluate for any additional masses or conditions that may limit the surgical outcome.

## SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN & HEAD

**Feline** Plain and post contrast studies of the head and abdomen, and post contrast study of the thorax are available for review.

## BREED COMPUTED TOMOGRAPHIC FINDINGS

**DLH** HEAD

**SEX**

**FS**

**AGE**

**12yr**

## INTERPRETED BY

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

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchyma attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. Mild thickening of the epithelial lining and mild luminal material is present in both external auditory meatuses.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

## HOSPITAL NAME

**Hospital Veterinario  
San Francisco de Asis**

The salivary glands present within normal limits.

The visible dentition is within normal limits.

THORAX

## REFERRING VET

**Dra. Rodriguez**

A 2.2 cm sized heterogeneously enhancing mass with intramural mineralizations and cavitations is seen in the right caudal lung lobe. Multiple additional soft tissue pulmonary nodules variable in size consistent with metastatic disease are seen in the right and left lung.

## INVOICE

**22995**

Marked mediastinal lymphadenomegaly with nodes up to 2 cm producing mass effect on the esophagus are seen.

ABDOMEN

**DATE**

**11/19/2025**

A 4 cm x 4 cm x 3 cm size aggressive ill-defined mass centered on the left ischium is seen. Aggressive permeative osteolysis with cortical bone destruction and extensive amorphous periosteal new bone formation is seen. There is extra-osteolysis extension into the adjacent left thigh



**PATIENT** musculature. No additional osseous lesions are noted outside this region.

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

**SPECIES** Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Feline

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

**BREED** Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

DLH

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**SEX**

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

FS

**AGE**

12yr

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right caudal lung lobe mass with mineralization strongly suspicious for primary pulmonary carcinoma
- Multiple pulmonary nodules compatible with metastatic pulmonary disease
- Marked multiple mediastinal lymphadenomegaly with mass effect consistent with nodal metastasis.
- Aggressive osseous mass of the left ischium with soft tissue invasion: malignant bone tumor primary or metastatic
- Mild bilateral otitis externa

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## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT reveals multifocal neoplastic disease involving the thorax and left pelvic region.

The right caudal lung mass is compatible with primary pulmonary carcinoma particularly given the internal mineralization. However, the presence of widespread pulmonary nodules, marked multiple mediastinal lymphadenopathy and a large aggressive osseous lesion of the left ischium strongly suggests systemic metastatic disease.

The aggressive bone lesion of the left ischium could represent metastasis from primary pulmonary carcinoma which is considered most likely or primary bone neoplasia such as osteosarcoma.

With pulmonary metastasis differentiation solely based on imaging is not possible. Given the extent of the metastatic involvement, curative surgical removal of the lung or pelvic mass is not feasible and thoracic mass excision is unlikely to improve prognosis.

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Definitive diagnosis by means of cytology or biopsy of the sciatic bone mass and /or the pulmonary mass could be considered. However, the treatment options are limited to palliative.



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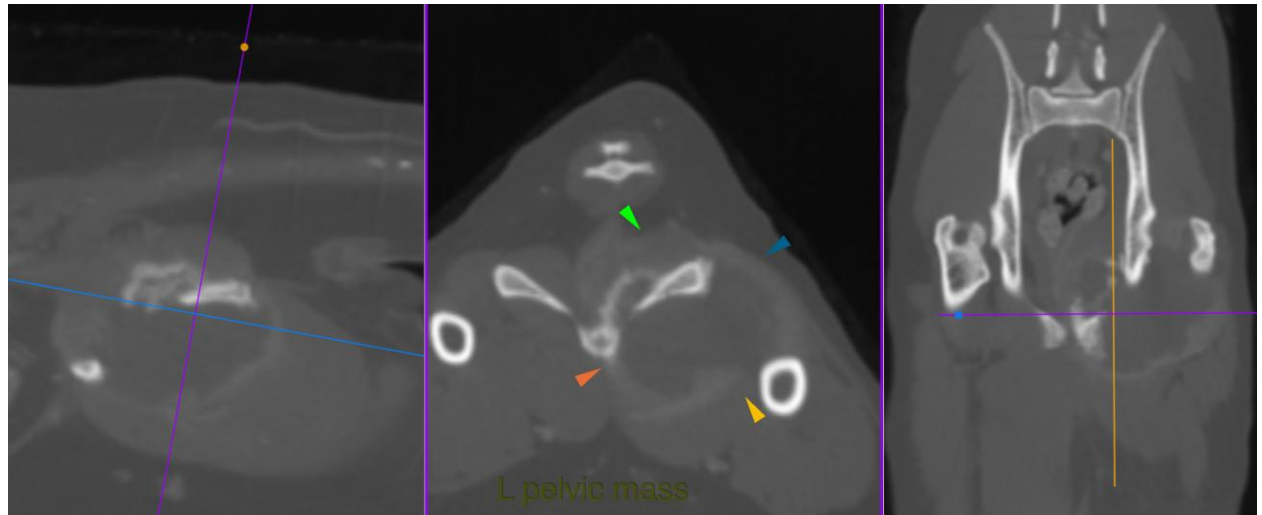
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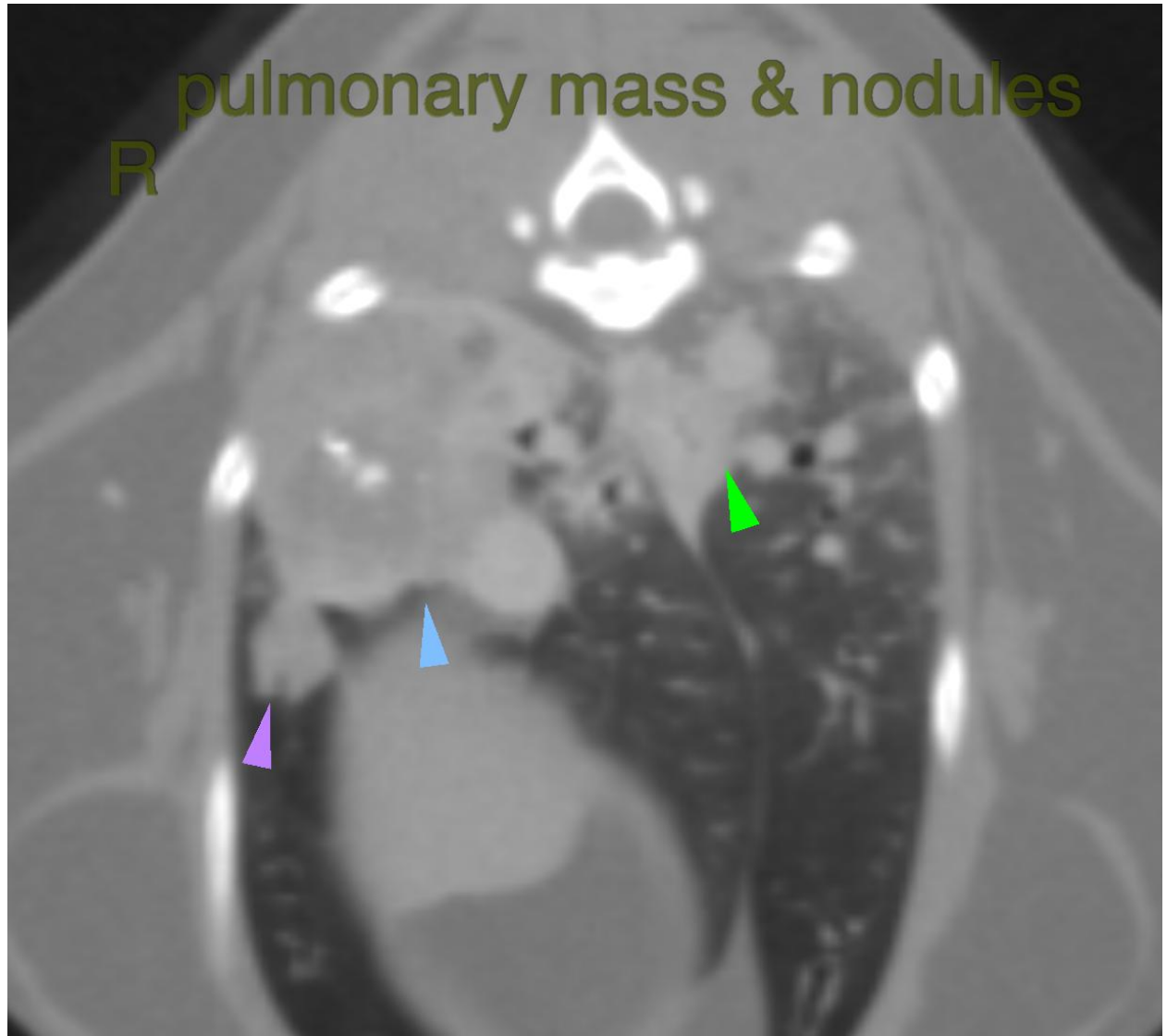
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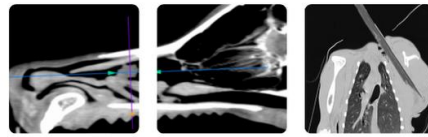
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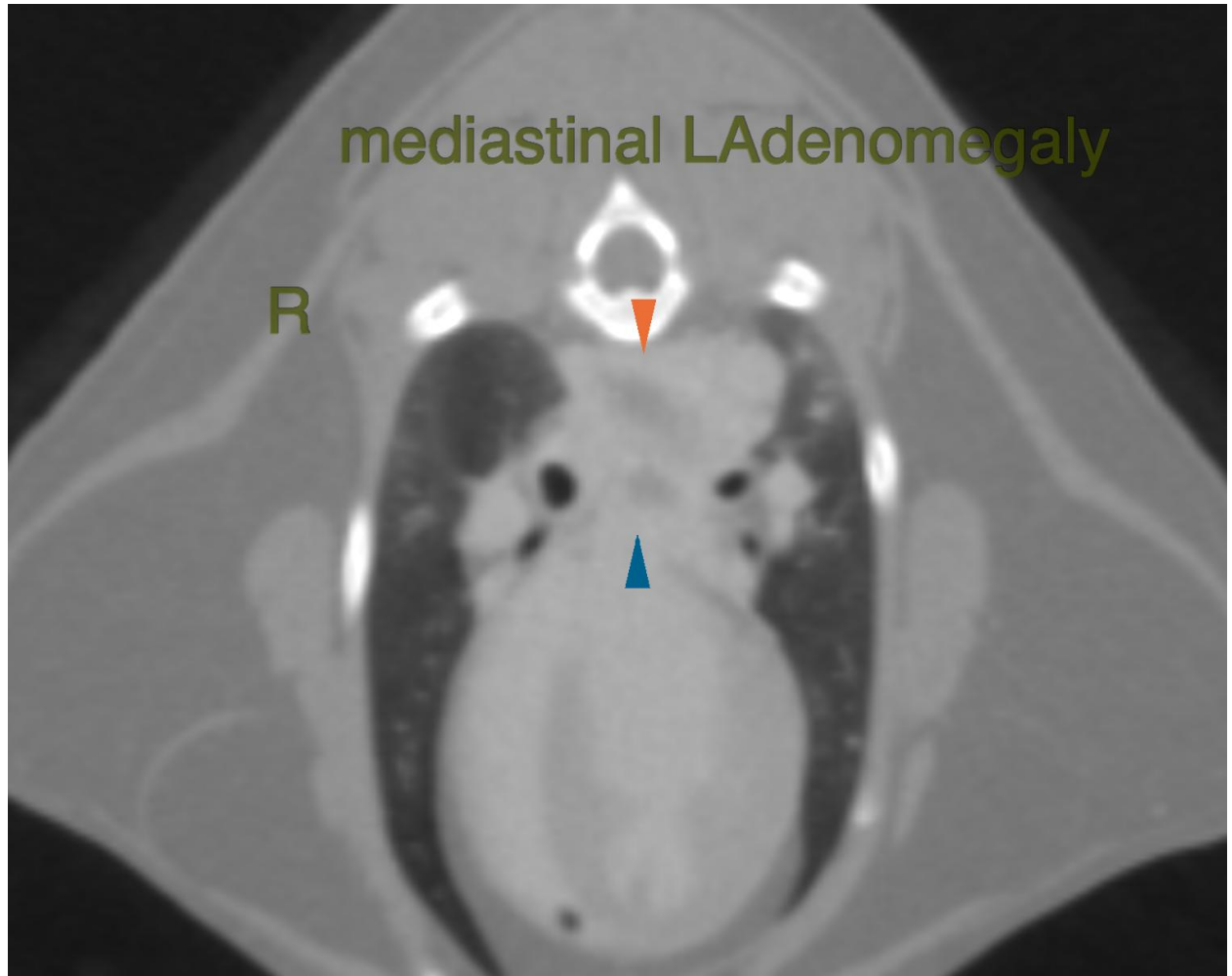
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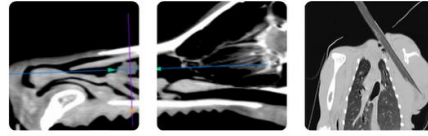
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## PATIENT

Niki Resto **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.**

## SPECIES

Feline 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.

## BREED

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