



PATIENT

Charlie Stebener

PRESENTING CLINICAL SIGNS

Charlie presented for mass on his back This was first noted 8 months and grew over more period. Charlie responded to no medication. Previous diagnostics were obtained and revealed Abnormal PE/Chem/CBC/UA Results: Elevated CR AND UREA

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain study available for review.

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

There is an ill-defined lobulated soft tissue attenuating mass in the dorsum to the left of the midline with finger like extensions in all directions including to the right of the midline. Total length of the mass is approximately 8.0 cm and total width is 3.5 cm. Most of the mass is situated in the subcutaneous tissue however the margins to the underlying epaxial musculature are ill-defined. The mass extends from the 6th thoracic vertebra to the dorsal spinous process of the 1st lumbar vertebra. No evidence of aggressive osteolytic changes of the vertebrae is seen; however, part of the mass appears to encompass the dorsal spinous processes. There is no evidence of intrathoracic extension and no evidence of extension into the vertebral canal.

SEX

MN

AGE

18

No evidence of pulmonary metastatic disease is seen. The lung presents a multifocal peribronchial interstitial infiltrate with interstitial bands and a mild generalized bronchial pattern.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

A mild amount of renal sand is seen in the diverticuli of both kidneys.

There are multiple spondyloses throughout the thoracic spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Animal Surgical
Center

- Soft tissue mass with presumed aggressive biological behavior dorsal and to the left of the thoracic spine.
- No evidence of pulmonary metastatic disease.
- Bronchial lung pattern with interstitial scarring.
- Multiple spondyloses.
- Suspect bilateral hypercalcemic nephropathy.

REFERRING VET

Dr. Inferuso

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most likely differential diagnosis is soft tissue sarcoma such as fibrosarcoma or other. No evidence of intrathoracic or spinal extension is seen. however, the assessment is limited to the availability of a plain study. The ill-defined lesion margins suggest aggressive biological behavior. Final diagnosis will require sampling for cytology or histology. Critical structures in terms of surgical safety margins mainly represent spine and spinal cord since the mass appears to extend into the epaxial musculature and is in close proximity to the dorsal spinous processes.

INVOICE

49342

DATE

12-30-21

The bronchial lung pattern is most likely due to allergic lower airway disease. Infectious bronchitis cannot be ruled out.



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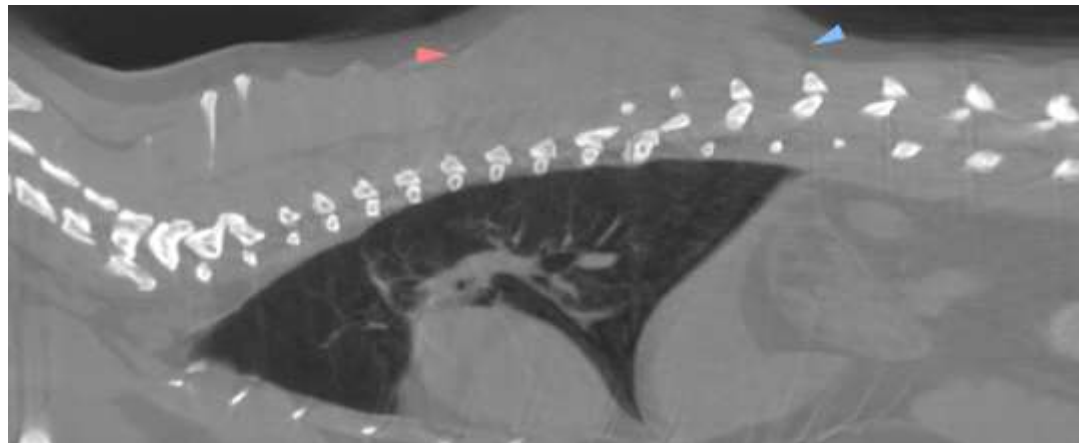
Dr. Infernuso

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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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