



PATIENT PRESENTING CLINICAL SIGNS

Lilly Wunn mass on R thigh has returned. P was treated for mast cell disease with splenectomy 6/3/21. After this procedure all dermal MCTs regressed (not surgically excised). This mass showed up about a month ago, same spot as one of the MCTs from prior. Confirmed MC with in-house FNA.

SPECIES Discussed case w/Dr Herrera- recc restaging w/AUS, liver cytology, and chest rads then proceed with mass removal. Discussed palliative removal of mass even if we find mets (it is itchy)- will need to confirm w/o day of. Scheduled for staging and mass removal same day, use of Imagyst to get liver sample processed prior to anesthesia. P has been diagnosed with presumptive IBD (vs SCL vs metastatic mast cell disease)- AUS 02/2022 showed diffuse intestinal wall thickening, limited ingredient diet trial successful to resolve vomiting and allow for intentional weight gain. P has hx of crystalluria/cystitis, crystalluria has returned on new diet and a crystal-limiting limited ingredient diet has been recommended (z/d, ultamino, HA).
BREED DSH
 Abnormal PE/Chem/CBC/UA Results: cytology of liver ; no mast cells

SEX RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

FS Right/left lateral and ventrodorsal whole body views totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

AGE Thorax

10 Years The degree of pulmonary inflation is deep. A mild generalized bronchial lung pattern and pulmonary osteomas are seen. No evidence of pulmonary nodules or masses is noted.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The cardiac silhouette is upright and thin. There is no evidence of cardiomegaly or specific chamber enlargement. The vertebral heart score is 11.3.

There is no evidence of mediastinal lymphadenomegaly or other pathologic mediastinal widening.

HOSPITAL NAME

Northshore
 Veterinary Hospital

Course and width of the trachea are considered within normal limits.

Mild early T4/5 and T5/6 spondylosis deformans is seen.

Abdomen

REFERRING VET

Brita Kiffney

The abdominal serosal detail is maintained.

The small intestinal loops are evenly distributed throughout the mid abdomen with no evidence of abnormal dilation yet the small intestine is turgid in appearance.

INVOICE

56536

Inspissated fecal matter is seen in the descending colon.

The liver, kidneys, and urinary bladder present within normal limits.

Moderate lumbosacral spondylosis deformans and a sacrocaudal transitional vertebra are seen.

DATE

2-2-23



PATIENT

Lilly Wunn

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 Years

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REFERRING VET

Brita Kiffney

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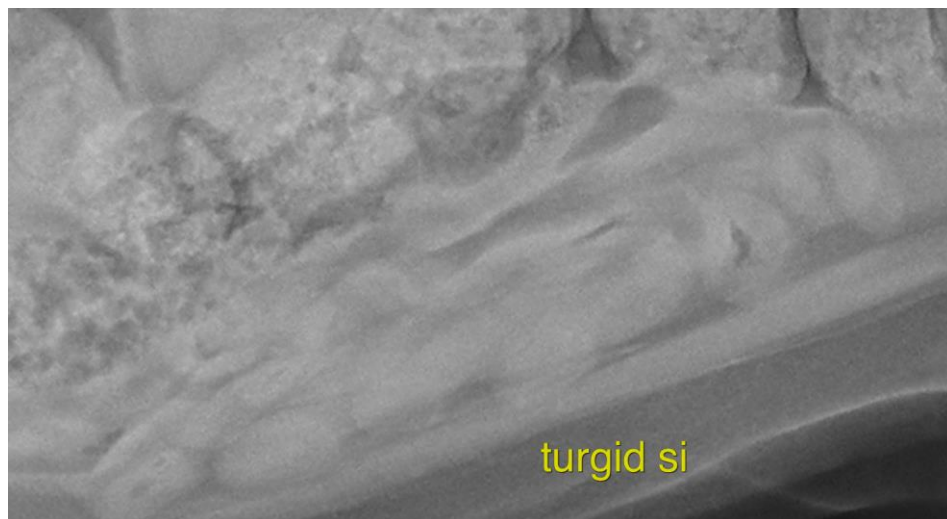
2-2-23

RADIOGRAPHIC DIAGNOSIS

- Normal age related findings of the thorax and abdomen with no evidence of cardiovascular or bronchopulmonary disease.
- No evidence of abdominal organomegaly or reduced serosal detail.
- Constipation.
- Degenerative lumbosacral stenosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The turgid appearance of the small intestine may correlate with the history of diffuse small intestinal wall thickening. Ultrasound, however, has greater sensitivity with regards to the intestinal wall architecture.



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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