



## PATIENT

Szabo Montoya

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

15Y, 9M

## WEIGHT

13lbs

## PRESENTING CLINICAL SIGNS

History:

- Presenting complaint or concern (brief)
- Surgery plan for abdominal mass biopsies
- Please list any current medications
- 1. Amoxicillin/Clavulanate 62.5 mg (antibiotic)
- 2. Metronidazole 250mg
- 3. Cerenia 24mg
- 4. Famotidine 10 mg
- 5. Ursodiol 250mg
- 6. Denamarin for small dogs/cats
- 7. Budesonide 5 mg/ml
- 8. Vitamin B12
- 9. Mirtazapine
- 10. Gabapentin
- 11. Probiotics
- Does the patient have any allergies and/or drug reactions, in particular to iodine or anesthetic drugs?
- n/a

## INTERPRETED BY

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

Abnormal PE/Chem/CBC/UA Results: PE MM Pink, CRT < 2 seg, T 101.7, HR 208, RR 30, Dental Calculus 4/4

## IMAGING PERFORMED BY

Mobile Pet Imaging

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies are available for review.

## HOSPITAL NAME

Mobile Pet Imaging

## COMPUTED TOMOGRAPHIC FINDINGS

### Abdomen

Generalized wall thickening of the small intestine ranging between 6-7mm overall thickness with inverted muscularis to mucosal ratio is seen.

## REFERRING VET

Novoa

There is an ill-defined soft tissue attenuating heterogeneously enhancing mass in the mesentery measuring approximately 6 x 4 cm located at the mesenteric root with mild peripheral fat stranding and fluid accumulation. The mass is adjacent to the caudal aspect of the right limb of the pancreas; however, mesenteric lymph node mass is more likely than pancreatic mass.

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The pancreas presents mild generalized enlargement. Pancreatic duct and common bile duct measure 4mm with mild generalized dilation. The duodenal papilla measures 5mm. No discrete mass or complete obstruction of the common bile duct is identified.

## DATE

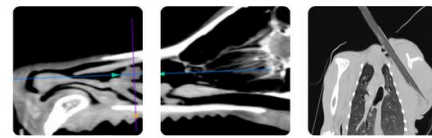
2-3-26

Mild extra- and intra-hepatic bile duct dilation is present.

Liver tissue presents within normal limits.

The spleen and adrenals are unremarkable.

Mild heterogeneity of the bilateral renal nephrograms is seen.



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## Thorax

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

The lung parenchyma presents the expected architecture and attenuation behavior.

Two small nodules adjacent to the sternum, each measuring 10 x 5mm, are seen in the cranioventral mediastinum likely representing enlarged sternal lymph nodes or less likely ectopic thyroid tissue.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large mesenteric mass at the root of the mesentery with mild peripheral fluid – likely mesenteric lymph node mass.
- Generalized small intestinal wall thickening with inverted muscularis mucosal ratio.
- Mild pancreatic enlargement with mild pancreatic and biliary duct dilation.
- Suspect papillitis of the major duodenal papilla.
- Two small cranioventral mediastinal nodes – most likely enlarged sternal lymph nodes, less likely ectopic thyroid tissue.

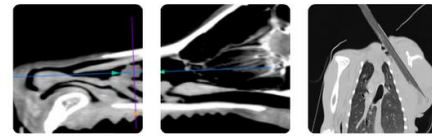
## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a mesenteric mass at the root of the mesentery with mild peripheral fluid. The mass is likely of lymph node origin. Neoplasia is a primary differential diagnosis. Inflammatory mass cannot be ruled out entirely but appears by far less likely. Direct pancreatic involvement is considered unlikely. Ultrasound guided or surgical biopsy of the mass can be performed as planned.

Note the presence of generalized small intestinal wall thickening with inverted muscularis:mucosa ratio which may reflect infiltrative disease such as with round cells or chronic enteropathy.

Surgical full thickness biopsies of the small intestine are recommended along with the biopsy of the mesenteric mass.

The cranioventral mediastinal nodules are likely to represent enlarged reactive sternal lymph nodes. A neoplastic infiltrate or ectopic thyroid tissue cannot be ruled out but appears less likely in light of the CT findings. Follow up thoracic imaging could be considered.



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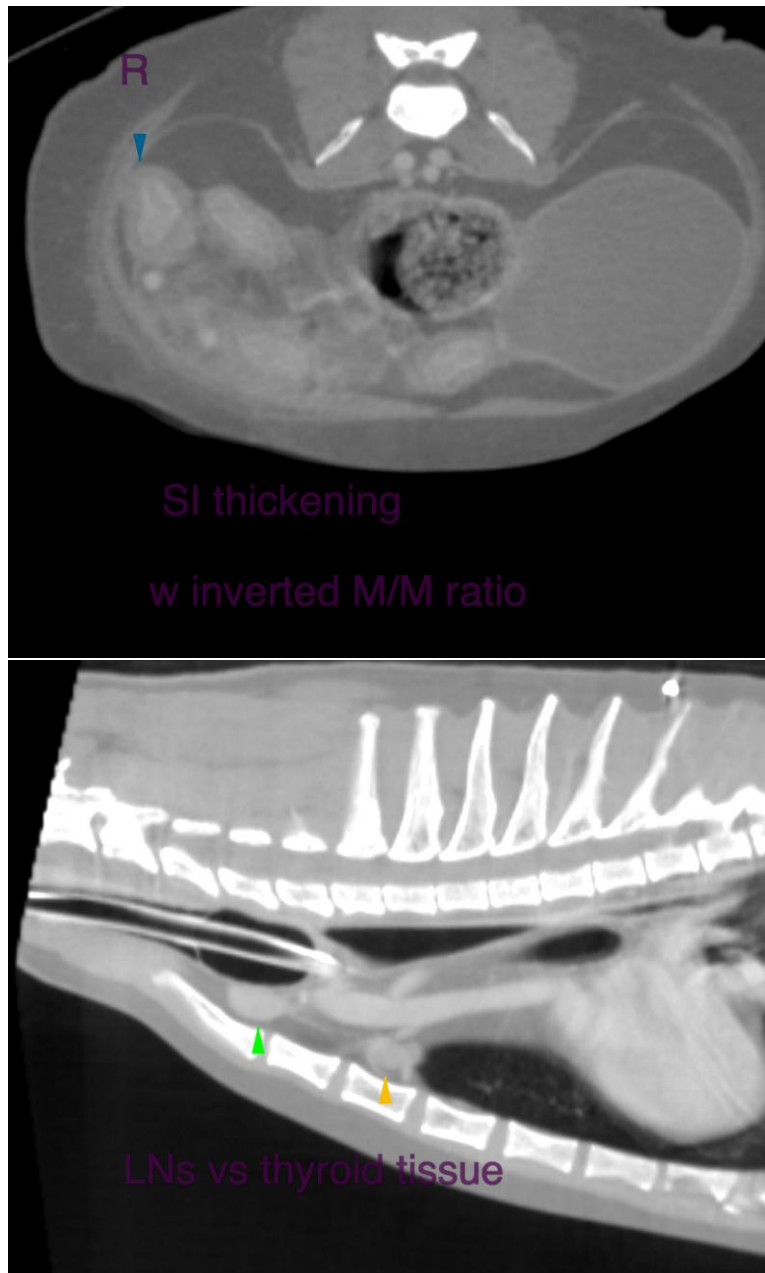
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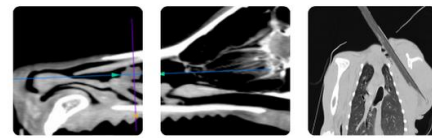
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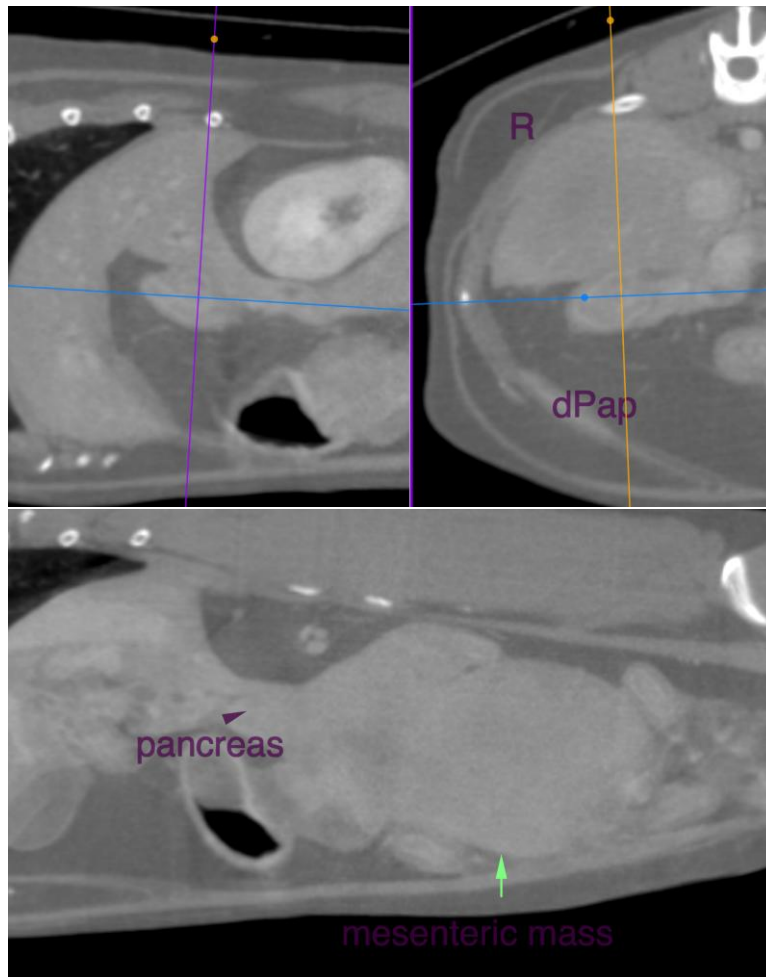
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
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