


**PATIENT PRESENTING CLINICAL SIGNS**

Arnie Chrest 4/6 presented for annual, firm subcutaneous growth lateral left tarsus, non painful, remainder physical exam wnl, xrays wnl, fna of growth ++ mesenchymal cells. Upon recheck 5/2, hock swelling, irritated/ulcerated, hx hyperthyroid, on methimazole 2.5mg sid. Cytology interpretation from pathologist showed mixed inflammation with mesenchymal proliferation in a thick viscous to mucoid background.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE TARSI, ABDOMEN & THORAX**

Plain and post-contrast studies of the tarsi, plain study of thorax and abdomen provided for review.

**BREED**
**COMPUTED TOMOGRAPHIC FINDINGS**

DSH

Tarsi

An approximately 4.5 cm x 2.5 cm sized irregular shaped and ill-defined soft tissue attenuating mass is seen lateral and dorsal to the left tarsus. The mass is lobulated in appearance with multiple hypoattenuating contrast sparing areas and predominance of peripheral contrast enhancement. Aggressive osteolysis of the 4<sup>th</sup> tarsal bone is seen. The remainder of the tarsal bones present within normal limits. The right tarsus presents mild osteoarthritic changes.

**SEX**

Neutered Male

**AGE**
Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5.

13 Years 2 Months

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

**INTERPRETED BY**

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

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.

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.

**HOSPITAL NAME**

 Aloha Pet & Bird  
 Hospital

Multiple mild cranial and mid thoracic spondyloses present.

Abdomen

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

**REFERRING VET**

Dr. Dan Pepen

Small mineral attenuating foci are seen on the renal papilla.

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

**INVOICE**

47197

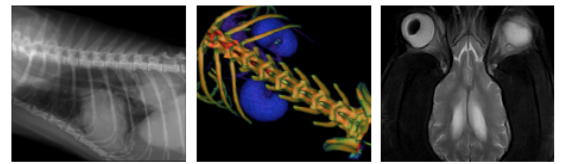
The spleen presents with normal shape, even surface.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

**DATE**

5/4/23

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



**PATIENT** Fine linear branching mineralizations are seen within the hepatic parenchyma.

Arnie Chrest Moderate degenerative lumbosacral stenosis is noted with L6/L7, L7/S1 spondylosis and vertebral end plate sclerosis is seen.

**SPECIES** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Feline
  - Soft tissue mass with lobulated appearance dorsal and lateral to the left tarsus with aggressive osteolysis of the 4<sup>th</sup> tarsal bone.
  - Benign mineralizations of the biliary tree.
- BREED**
  - Hypercalcemia nephropathy/nephrocalcinosis.
  - Degenerative lumbosacral stenosis.
- DSH
  - No evidence of pulmonary metastases.

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

**SEX** Neutered Male  
**AGE** 13 Years 2 Months

The CT study reveals a lobulated soft tissue mass dorsal and lateral to the left tarsus with aggressive osteolysis of the 4<sup>th</sup> tarsal bone. Feline tarsal myxosarcoma is a primary differential diagnosis based on the CT appearance. Other neoplasia such as fibrosarcoma, round cell neoplasia, fibroma, and granuloma cannot be ruled out entirely but are thought far less likely. Final diagnosis would require sampling for cytology or histology. The diagnosis of myxosarcoma is unfortunately challenging since the gelatinous matrix of the tumor offers a low diagnostic yield. The CT study of the thorax and abdomen did not reveal evidence of metastatic disease.

**INTERPRETED BY**

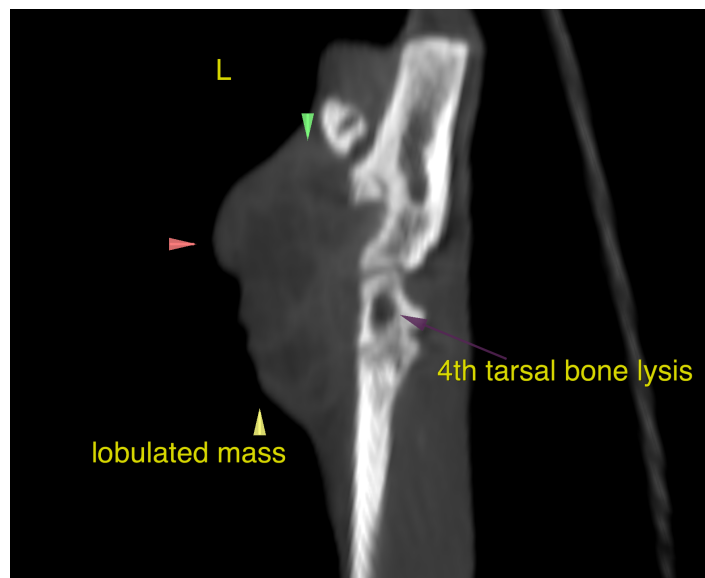
Nele Eley (Ondreka),  
 DVM Dr. med. vet.,  
 DipECVDI

**HOSPITAL NAME**

Aloha Pet & Bird  
 Hospital

**REFERRING VET**

Dr. Dan Pepen

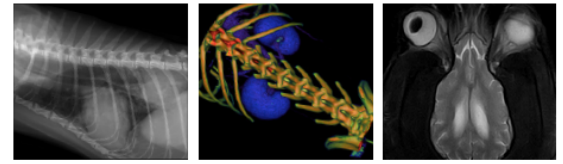


**INVOICE**

47197

**DATE**

5/4/23



**PATIENT**

Arnie Chrest

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**

DSH

**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.  
Nele.Eley@sonopath.com

**SEX**

Neutered Male

**AGE**

13 Years 2 Months

**INTERPRETED BY**

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

**HOSPITAL NAME**

Aloha Pet & Bird  
Hospital

**REFERRING VET**

Dr. Dan Pepen

**INVOICE**

47197

**DATE**

5/4/23