



PATIENT

Chaq Kaufman

PRESENTING CLINICAL SIGNS

Admitted to hospital for decreased appetite, weight loss and chronic hematuria. History of rhinitis, had CT/nasal flush 7/22/22-culture returned as Pasteurella sp. - 1+ - nasal congestion came back 4/19/22. -Managed Kidney disease

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Spec fPI 7.6 - 8/10/22 CBC/Chem 18/Lytes/T4/Urinalysis 8/8/22 ALT 292, GGT 13, Neu 11.38, Mono 0.86, all else WNL Blood noted in urine

BREED

Domestic Shorthair

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Plain and post contrast studies of the head and abdomen and plain study of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female Spayed

Head

A large irregular shaped and ill-defined soft tissue attenuating mass of approximately 4.5 cm length, 3.0 cm width, and 2.5 cm height is seen in the right nasal cavity. All of the right nasal cavity, nasal fundus, part of the nasopharynx, part of the left nasal cavity, are occupied by the mass. Extensive turbinate destruction and polyostotic aggressive bone lysis is seen. There are osteolytic changes of the hard palate, nasal septum, right frontal, right nasal, and right maxillary bones as well as of the right bony orbita. The right frontal sinus and part of the left frontal sinus are filled with fluid attenuating material. Fluid attenuating material is seen within the left nasal cavity as well.

AGE

14 Years

No significant regional lymphadenomegaly is noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Thorax

Both shoulders present a large amount of articular and periarticular new bone formation with extensive subchondral bone sclerosis.

A mild generalized bronchial lung pattern is noted. There is no evidence of interstitial pulmonary nodules or masses.

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Dr. Joseph
D'Abbraccio

Mild prominence of one of the cranial mediastinal lymph nodes is seen.

Abdomen

Multiple small cystic structures are seen within the liver. There is moderate extrahepatic biliary duct dilation. Mild dilation of the common bile duct is seen.

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There also is mild dilation of the pancreatic duct throughout the entire left limb of the pancreas. Mild heterogeneity of the pancreatic parenchyma is noted. There is no evidence of regional mesenteropathy.

DATE

8-11-22

Both kidneys present multiple concave surface retraction. Multiple mineral attenuating foci are seen within the renal diverticuli of both kidneys. The nephrogram is weak in both kidneys. A 5mm sized left renal cyst is noted.

**PATIENT**

The stomach, small intestine, and abdominal lymph nodes present within normal limits.

Chaq Kaufman

The adrenal glands present within normal limits.

SPECIES

Moderate generalized thickening of the urinary bladder is noted. There is no evidence of mineral attenuating content within the urinary bladder.

Feline

COMPUTED TOMOGRAPHIC DIAGNOSIS**BREED**

Domestic Shorthair

- Large soft tissue mass within the nasal cavities with nasopharyngeal extension with aggressive biological behavior.
- Hepatopathy with multiple cystic structures.
- Extrahepatic biliary duct dilation.
- Pancreatic duct dilation and chronic pancreatitis pattern.
- Bilateral chronic hypercalcemic nephropathy.
- Chronic cystitis pattern.
- Severe bilateral shoulder osteoarthritis versus synovial osteochondromatosis of the shoulders.

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Female Spayed

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a malignant soft tissue neoplasia within the right nasal cavity with severe upper airway obstruction. The mass extends into the nasal fundus, nasopharynx, and left nasal cavity. Secondary obstructive frontal sinusitis is seen bilaterally. Differential diagnosis includes lymphosarcoma, nasal adenocarcinoma, other carcinoma, and less likely soft tissue sarcoma. Final diagnosis would require sampling.

The findings of the liver and biliary system suggest potential for cholangiohepatitis with biliary cyst adenomas. Multiple liver cysts are a potential differential diagnosis for the cystic lesions within the liver parenchyma. No evidence of obstruction is seen at the duodenal papilla.

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Note the presence of concurrent pancreatitis with chronic appearance.

The findings of the kidneys are suggestive for chronic bilateral hypercalcemic nephropathy. Chronic cystitis is the most likely underlying cause of the urinary bladder changes. The findings are not typical for neoplasia.

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The bronchial lung pattern is mild and may not be of clinical significance. Chronic lower airway disease such as allergic lower airway syndrome cannot be ruled out.

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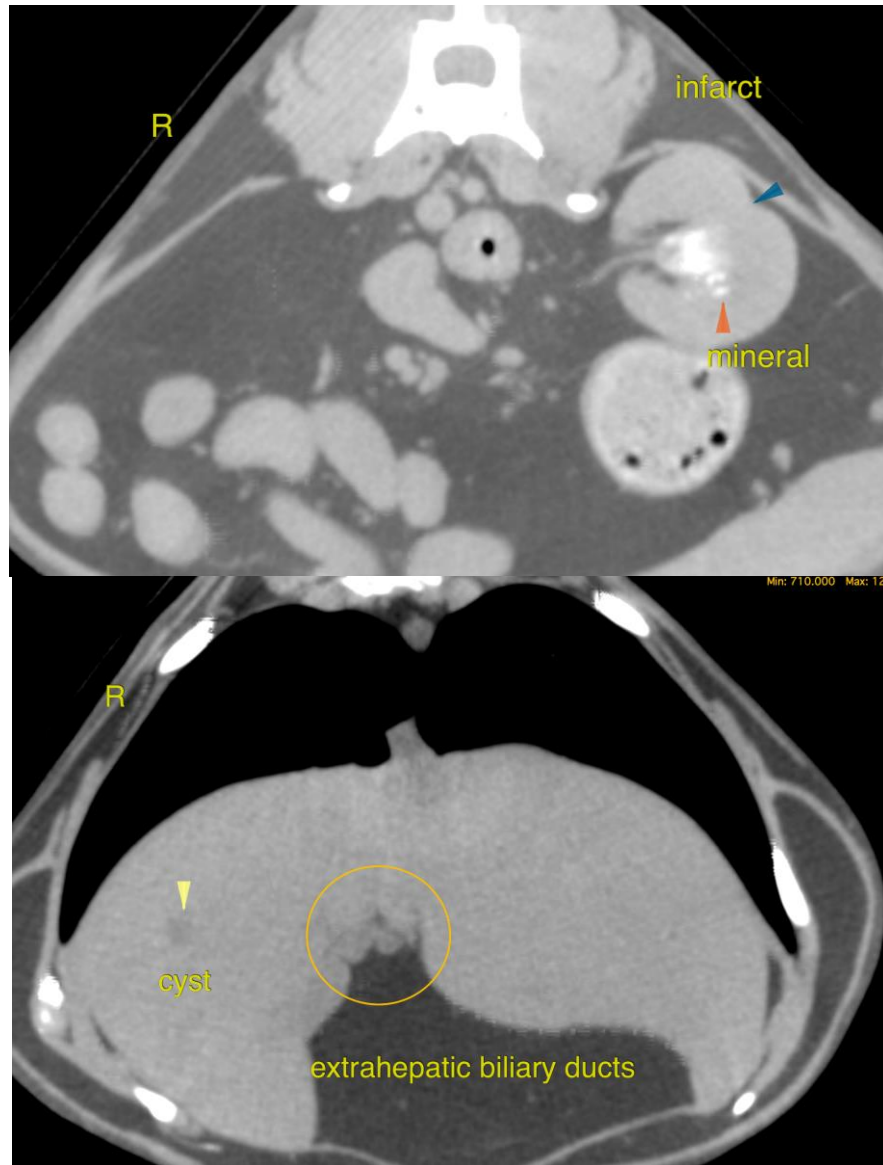
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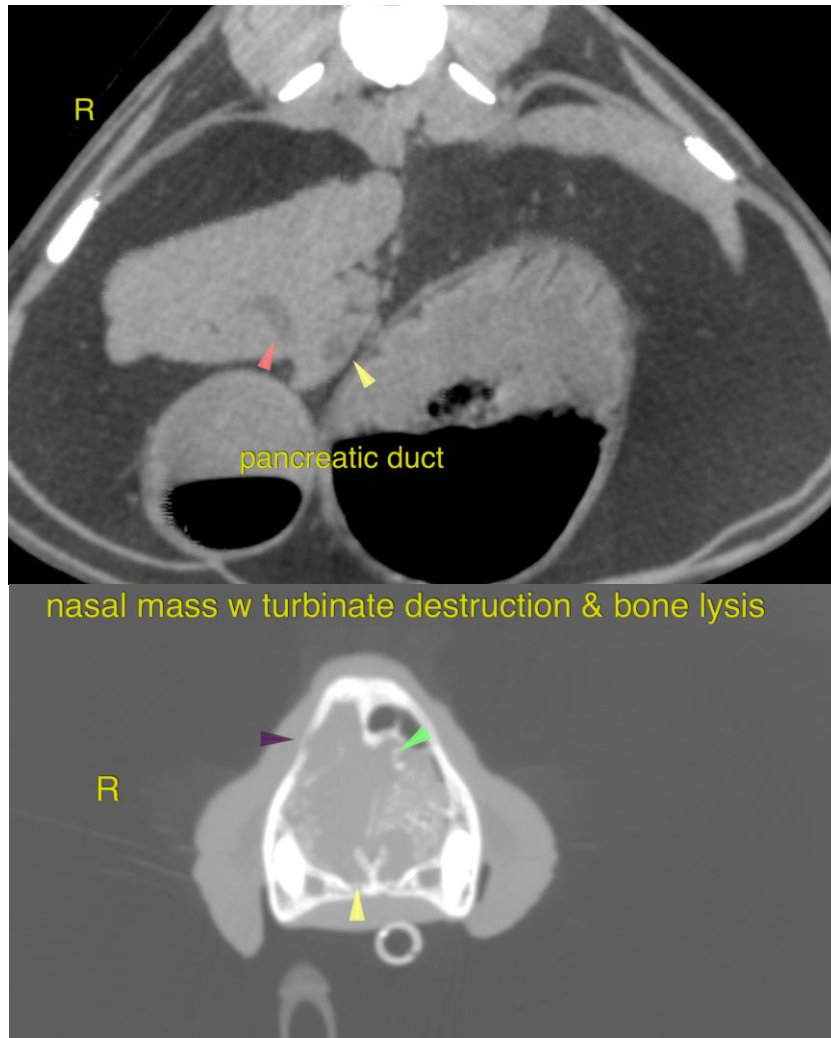
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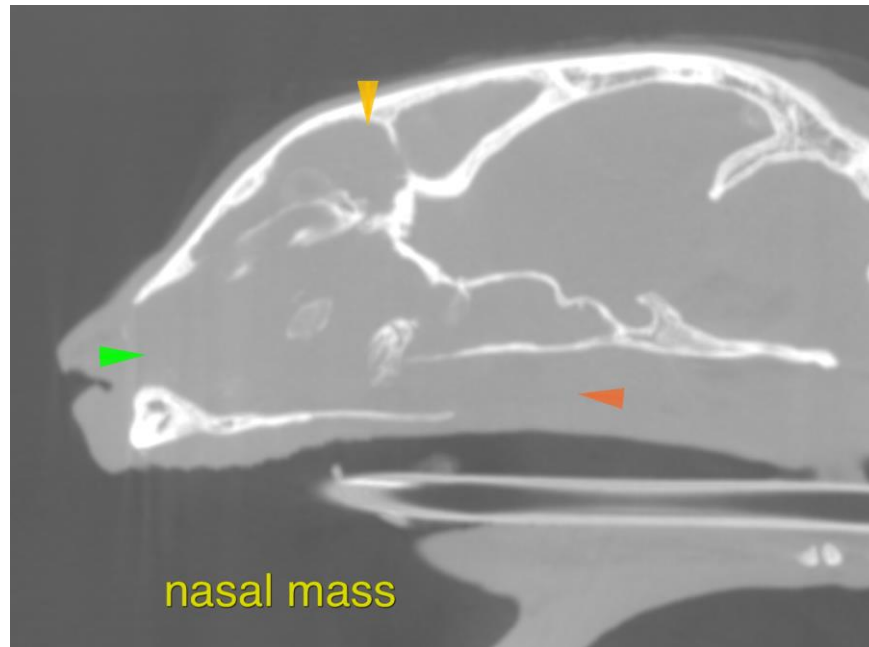
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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