



**PATIENT**

Mia Diemert

**PRESENTING CLINICAL SIGNS**

Rapidly growing right hock mass. The mass was initially noticed 2 weeks ago. The mass was initially 5.5 x 6.5 cm but appears to have grown rapidly. Mia was seen by Grimsby Animal Hospital and a fine needle aspirate was performed. Cytology revealed hemangiosarcoma vs hemangioma. Otherwise Mia is a healthy cat.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE RIGHT HOCK, THORAX, & ABDOMEN**

Plain and post contrast studies available for review in soft tissue and lung windows.

**BREED**

Domestic Long Hair

**COMPUTED TOMOGRAPHIC FINDINGS**

**Right Hock**

An approximately 4.5 cm long and 3.0 cm wide soft tissue attenuating mass with ill-defined margins is encompassing the right metatarsal area from a dorsolateral and plantar aspect. The mass presents severe nonuniform enhancement on the post-contrast study and multifocal polyostotic aggressive osteolytic changes with punched out osseous defects are seen within the mid and proximal thirds of the 5<sup>th</sup>, 4<sup>th</sup>, and 3<sup>rd</sup> metatarsal bones as well as within the distal aspect of the 4<sup>th</sup> tarsal bone.

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**Abdomen**

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

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**REFERRING VET**

Dr. Lea Mehrkens

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

Mild prominence of one colon lymph node and one jejunal lymph node is seen. The remainder of the abdominal lymph nodes present within normal limits.

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**Thorax**

The bony and surrounding soft tissue structures are within normal limits.

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

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

A moderate generalized bronchial lung pattern with mild tree-in-bud appearance is seen.

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS****BREED**

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- Soft tissue mass in the right tarsal and metatarsal area with aggressive biological behavior and polyostotic aggressive osteolytic changes.
- Occasional mild mesenteric lymphadenomegaly- otherwise structurally normal CT study of the abdomen.
- Bronchial pattern compatible with allergic lower airway disease.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are highly suggestive for a malignant soft tissue neoplasia with secondary polyostotic aggressive osteolysis in the right tarsus and metatarsus. The findings are compatible with the history of hemangiosarcoma; however, other malignancies such as fibrosarcoma, lymphosarcoma, or other are theoretical potentials as well. Correlation with the histology recommended.

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The occasional and mild prominence of the colon and jejunal lymph nodes is unlikely to be related to the mass in the right tarsus. General differential diagnosis includes reactive hyperplasia as well as neoplastic infiltrate including lymphomatous infiltrate and metastatic disease. Consider ultrasound guided fine needle aspiration for further definition.

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The lung changes are very typical for feline allergic lower airway syndrome. Clinical significance is not necessarily given. The differential diagnosis of infectious bronchitis cannot be ruled out entirely however, this is thought less likely and further definition by means of lower airway sampling could be considered in case of existing clinical signs.

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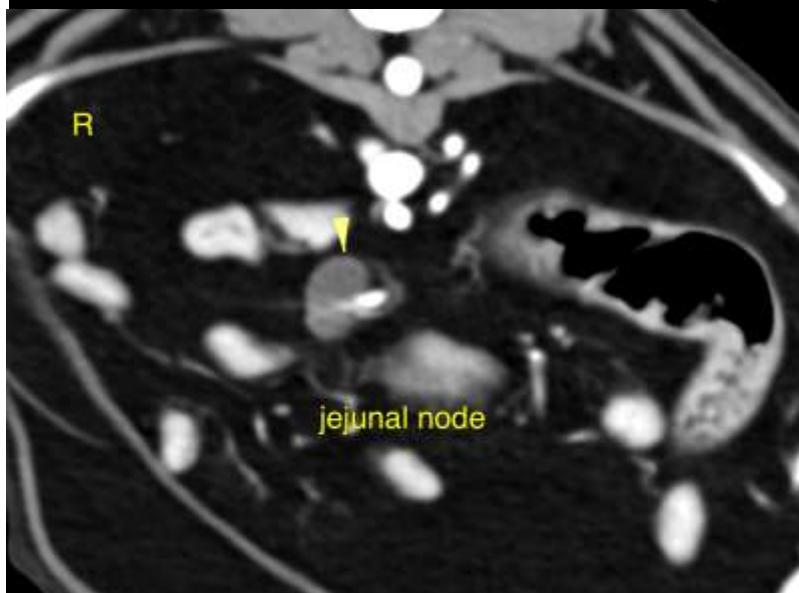
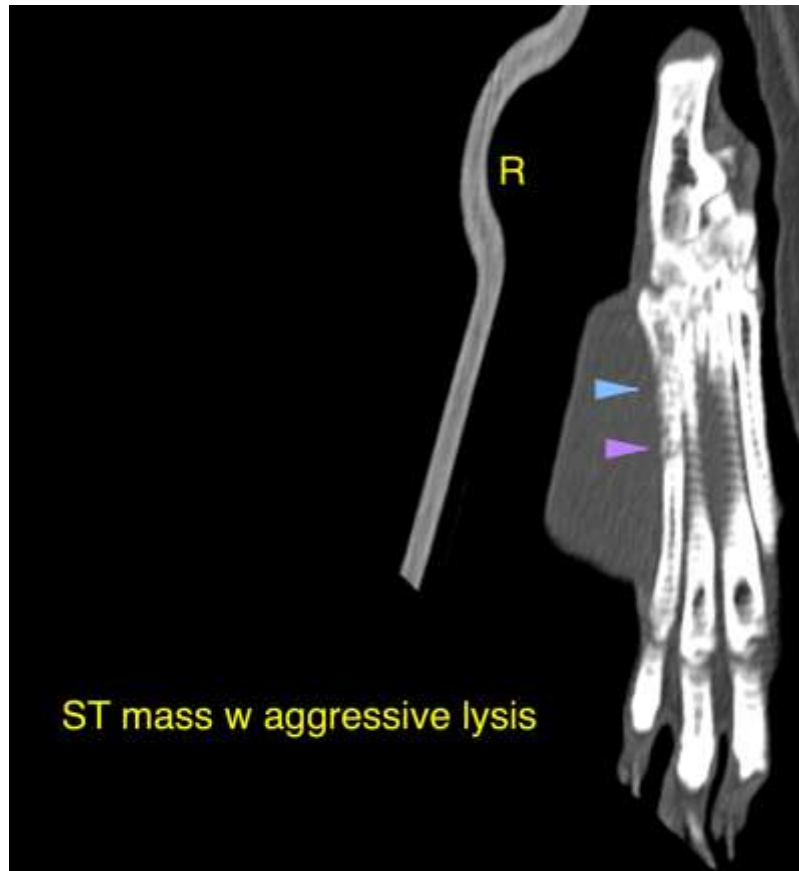
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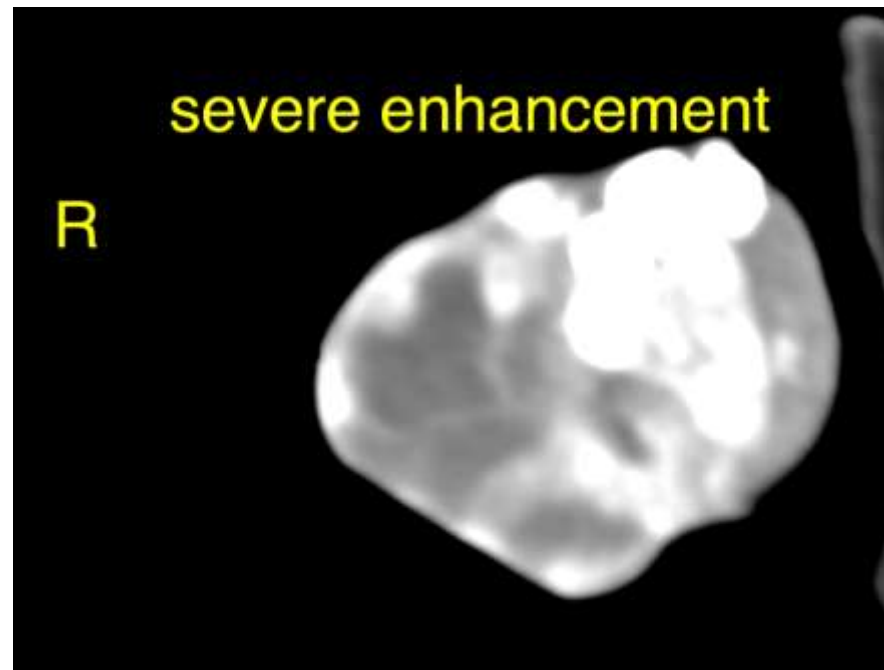
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**, DVM, Dr. med. vet., DipECVDI  
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