



PATIENT PRESENTING CLINICAL SIGNS

Zemora Gaeta 10 cm abdominal, cystic mass

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

SPECIES Pre/post contrast studies available for review.

Feline **COMPUTED TOMOGRAPHIC FINDINGS**

Chest:

BREED The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

DSH

SEX The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal.

Spayed Female

The thoracic trachea and esophagus present as expected. The diaphragm is displaced cranially but appears intact.

AGE

8 Years The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

INTERPRETED BY Abdomen:

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

There is very large cystic mass detected filling the cranial and central abdomen with estimated maximum diameters of > 12 cm, having broad-based contact with several aspects of the right liver and irregularly confluent with the right medial and right caudate lobe. Margins to normal liver texture are ill-defined. The lesion appears segmented in several parts with good vessel supply. The caudal vena cava and the portal vein can be traced caudal and dorsal to the lesion. At the level of the porta hepatis and their branching into the central and left division tracing is difficult and indistinct. Margins of the lesion are clearly defined with an amorphous, lobar shape without signs of peritoneal effusion and/or peripheral reactions. The left parts of the liver appear normal. The stomach, spleen, pancreas and small intestines get deviated. The gallbladder is not identified.

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The spleen shows normal findings in terms of size, surface, shape and contrast behavior.

The right kidney presents an irregular surface with a maximum length of 3.8 cm (left 3.7 cm).

INVOICE

57223

Abdominal lymph nodes and abdominal vessels have no particular findings.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

3-14-23

- Large cystic and infiltrative liver mass occupying the cranial and central abdomen
- No signs of pulmonary/mediastinal metastasis



PATIENT • Signs of degenerative kidney disease right

Zemora Gaeta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Feline

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DSH

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Although the CT morphology is highly suspicious for a malignant lesion, CT findings are unspecific. The size, shape, the absence of the gallbladder and the cystic appearance would go along with the assumption of a malignant neoplasia. Biliary cystadenocarcinoma is a common diagnosis in cats. However, benign cholangio-cellular (cyst-) adenoma is possible as well. I would rule out liver lobe torsion, liver abscess and granulomatous disease as seen with chronic inflammation/infection since typical peripheral reactions are not detected. Central necrosis can be present. FNA/biopsy are needed for further assessment.

Currently abdominal and pulmonary/mediastinal metastases are not identified. I fear as far as can be assessed with CT curative surgical removal is not possible. I suspect at least infiltration of the right medial and the right caudate lobe including parts of the venous and portal vasculature.

Changes of the right kidney most likely represent structural nephrosis without clinical relevance.

AGE

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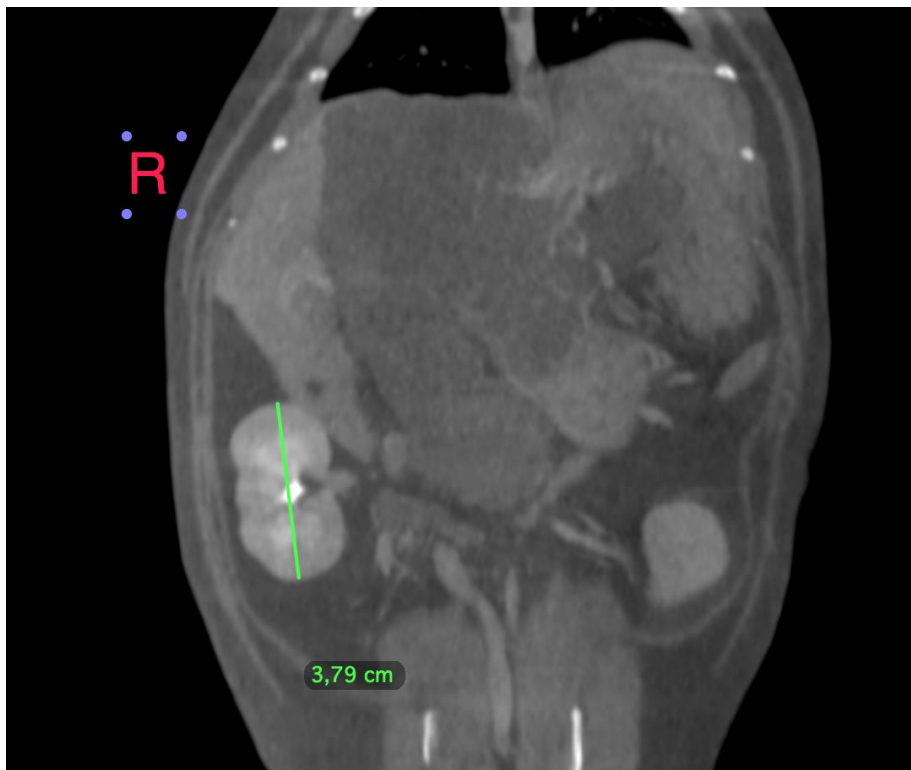
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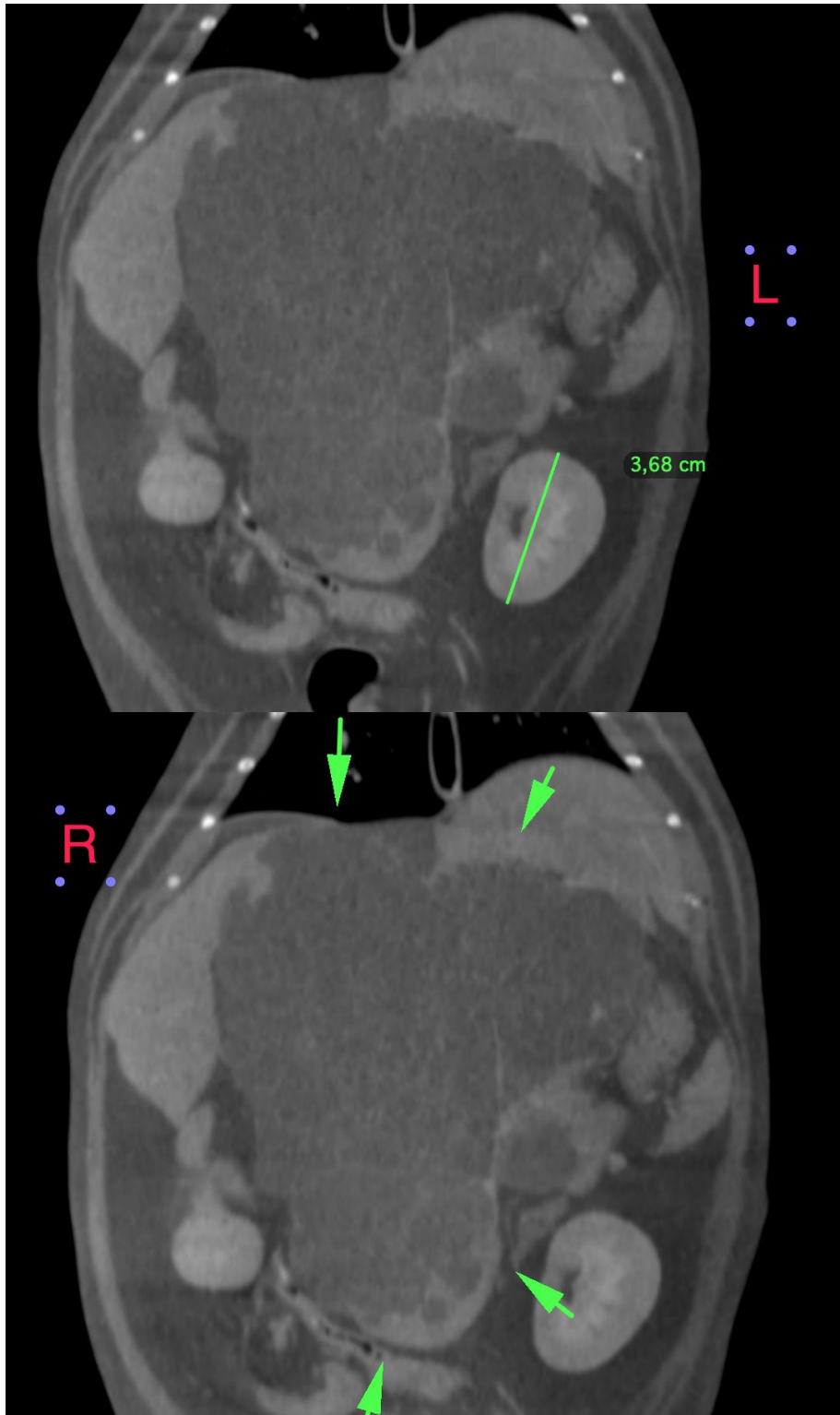
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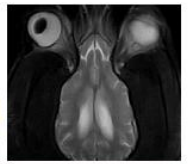
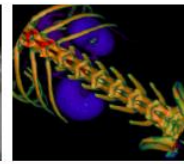
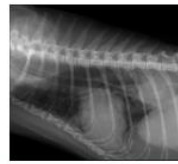
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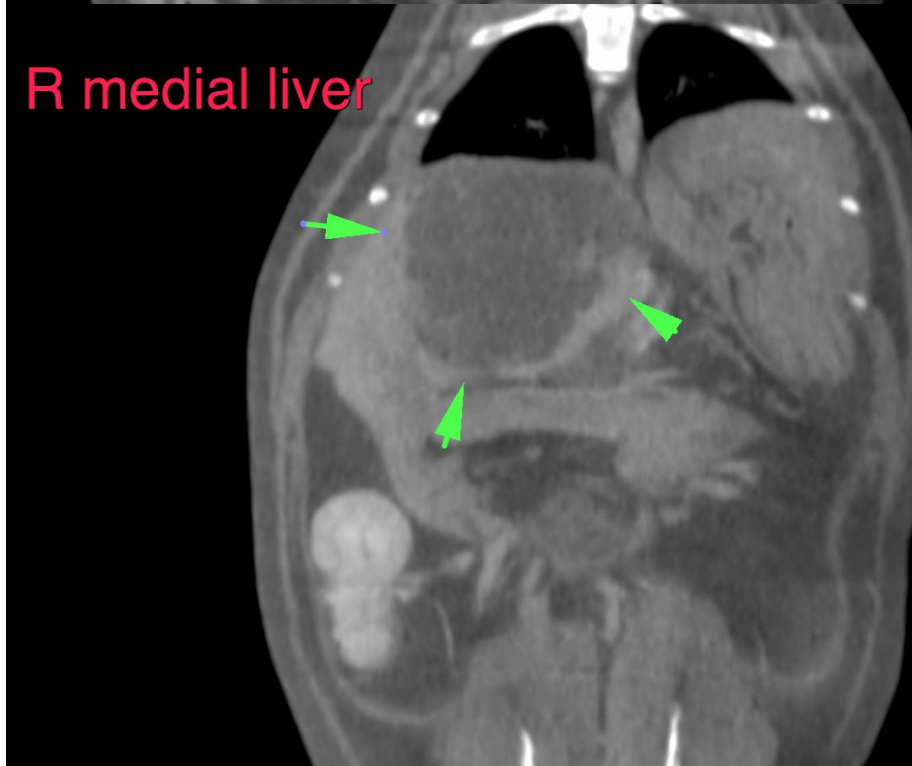
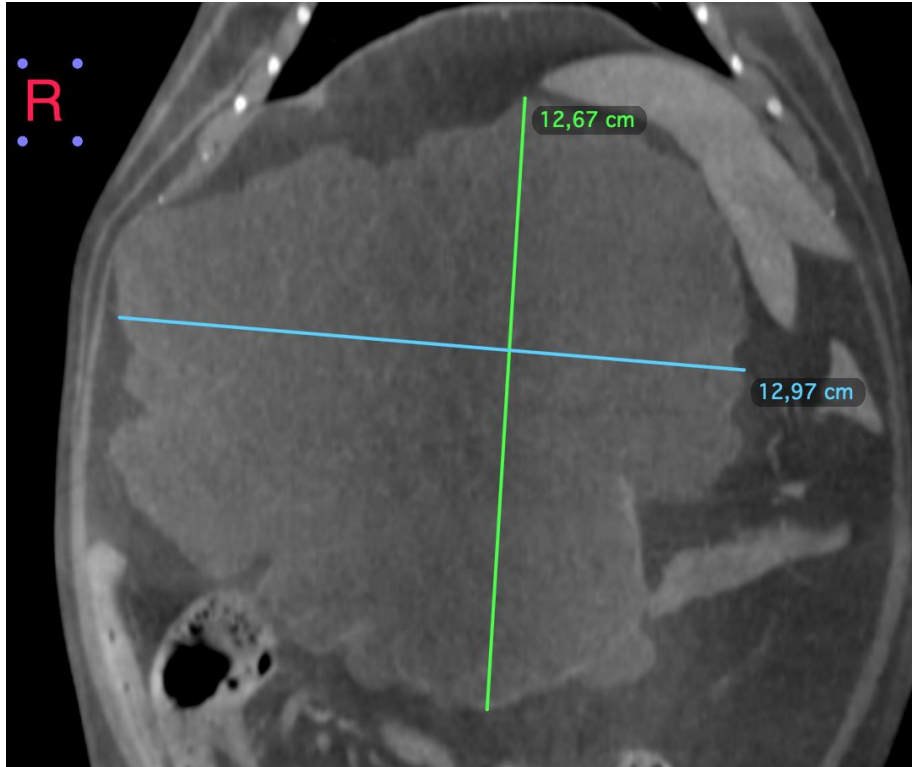
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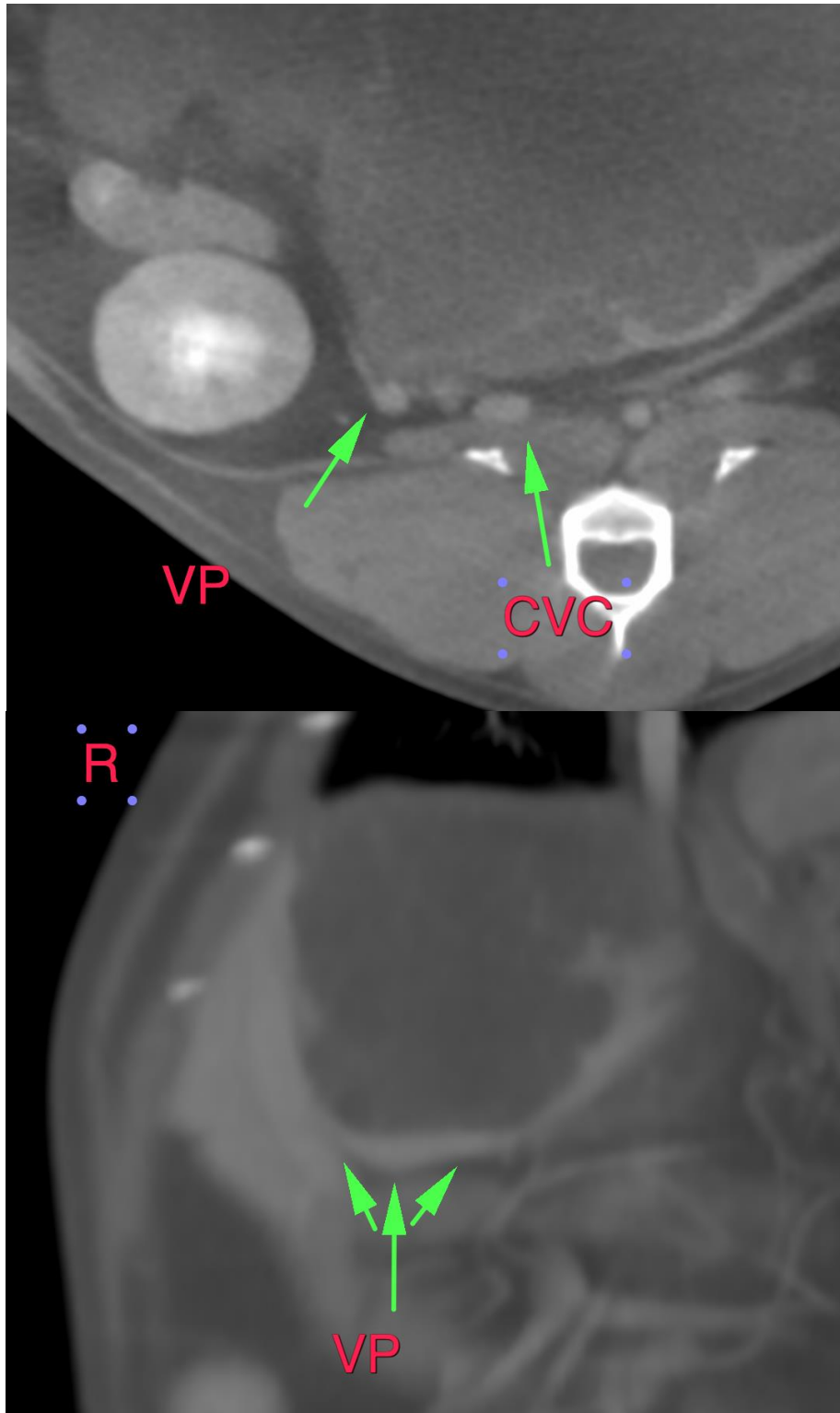
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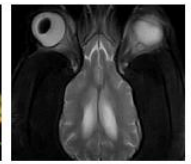
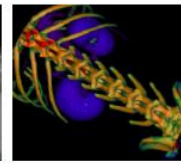
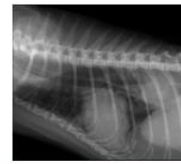
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**PATIENT**

Zemora Gaeta

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.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Sebastian.Jawinski@sonopath.com

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