



PATIENT

Boudreaux Step

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

20.14 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Lisa C./Kaylin D.

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Abby Kordel, DVM

INVOICE

35446

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Presented today for intermittent vomiting and painful abdomen. U/S showed 4.5cm fluid filled round hepatic mass. U/S guided fine needle aspirate revealed purulent fluid. Patient temperature on presentation 103.9. Leukocytosis on CBC.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

The sternal and cranial mediastinal lymph nodes are moderately prominent, rounded and have a heterogeneous contrast enhancement pattern.

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

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 ventral dependent aspects of the right middle and right cranial lung lobe present small zones with consolidation of the parenchyma. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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

Abdomen

Parts of the lateral abdomen are cropped by the field of view.

A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. The right renal pelvis presents saccular dilation and contains faint hyperattenuating material. The right perirenal fat presents mild soft tissue striation.

The renal lymph nodes are prominent.

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

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

In the caudoventral aspect of the left division of the liver, a central multicameral fluid attenuating and peripheral contrast enhancing mass is seen, measuring approximately 6.1 x 4.6 x 5.7 cm. The left divisional hepatic mass is protruding beyond the hepatic surface, deviating the stomach caudodorsally by the mass effect. Throughout the remainder of the hepatic parenchyma, sporadic, roundish parenchymal filling defects are seen, measuring up to 6 mm in diameter. The peritoneal fat in the cranial abdomen presents moderate soft tissue striation.



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

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

Irregular enlargement of the inguinal lymph nodes is seen, presenting a heterogeneous contrast enhancement pattern. The subcutaneous fat along the ventral abdominal wall reveals mild soft tissue striation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional complex cavitory hepatic soft tissue mass
- Saccular dilation right renal pelvis and mild right sided perirenal effusion
- Multiple complex hepatic cavitory lesions
- Peritoneal effusion
- Lymphadenopathy renal lymph nodes, inguinal lymph nodes and sternal and cranial mediastinal lymph nodes
- Subcutaneous cellulitis ventral aspect of abdominal wall
- Ventrally distributed small zones with pulmonary consolidation right middle & cranial lung lobe
- Nephrolithiasis without mechanical obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The complex hepatic soft tissue mass in combination with the cytological findings can present a large hepatic abscess/infected hepatic cyst. A differential is primary cystic hepatic neoplasia – such as cystic carcinoma ± superinfection. Complete surgical excision of the hepatic mass is considered feasible.

The parenchymal filling defects throughout the hepatic parenchyma are most consistent with hepatic cysts or less likely abscessed. However, in case of neoplastic disease, metastasis is a differential.

The findings of the right kidney are concerning for pyelonephritis – recommend complete urinalysis as advanced diagnostic step. Ultrasound guided pyelocentesis of the right renal pelvis may be considered as well.

The enlarged abdominal and thoracic lymph nodes are equivocal for reactive lymphoid hyperplasia versus metastatic spread – recommend FNA sampling for specification.

The ventrally distributed zones with consolidation of the lung parenchyma are most consistent with dystelectasis or pneumonia. The changes are unusual for metastatic disease.



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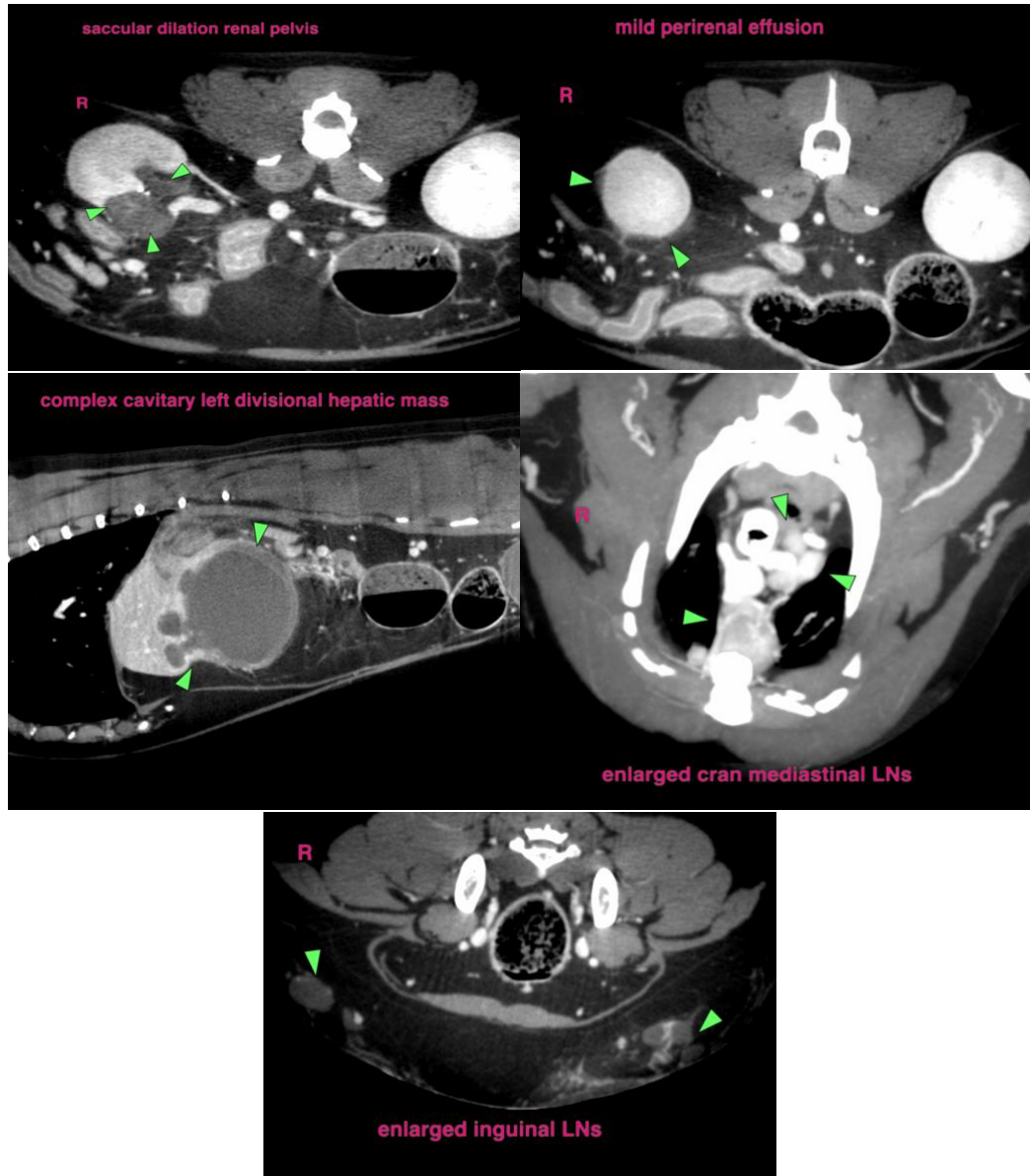
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com