



PATIENT

Geppy Sanchez

PRESENTING CLINICAL SIGNS

Soft tissue sarcoma growing on ventral neck.
Abnormal PE/Chem/CBC/UA Results: thin BCS, ulcerated mass Right ventral neck

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

DMH

COMPUTED TOMOGRAPHIC FINDINGS

Neck

C2&C3 are fused. The intervertebral disc space C3/C4 is collapsed, and the subchondral bone of the respective vertebral endplates presents moderate sclerosis.

SEX

Male Neutered

An endotracheal tube is seen in the cervical segment of the trachea, extending up to the level of C3.

AGE

17 Years

In the subcutaneous tissue at the right lateroventral aspect of the neck, a multilobulated, soft tissue attenuating and moderate contrast enhancing mass, measuring 3.0 x 3.0 x 1.6 cm in size is visible.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The remainder of the soft tissue structures of the neck are within normal limits.

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 is uniform and considered within normal limits.

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

REFERRING VET

Meaux

There is generalized moderate thickening of the bronchial walls. Multiple regions of peribronchial pulmonary consolidation are noted. The caudal part of the left cranial lung lobe is consolidated and presents a significantly decreased volume with air-bronchograms.

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

Abdomen

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1-28-22

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

Both kidneys present mild irregular margins. 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.

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

SPECIES

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

Feline

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

BREED

The bony and surrounding soft tissue structures reveal no abnormalities.

DMH

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

- Cutaneous mass right lateroventral aspect of the neck
- Marked bronchial lung pattern and multifocal randomly distributed zones of pulmonary consolidation
- Atelectasis caudal part left cranial lung lobe
- Block vertebra C2/C3
- Chronic discopathy C3/C4
- Suspect chronic nephropathy

Male Neutered

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The cutaneous mass at the right lateroventral aspect of the neck is fitting the history of sarcoma. Complete surgical excision of the mass appears feasible – I do not see evidence of extension into the underlying musculature.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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The pulmonary pattern is compatible with feline bronchial disease and presents signs of active broncho-pneumonia. However, as bronchogenic carcinoma may present with a primary bronchial pattern as well and there is no history of cough, bronchoscopy including BAL would be beneficial to rule out diffuse neoplastic transformation. Resorption atelectasis of the caudal part of the left cranial lung lobe – likely due to preceding bronchial obstruction (e.g. mucus plugging).

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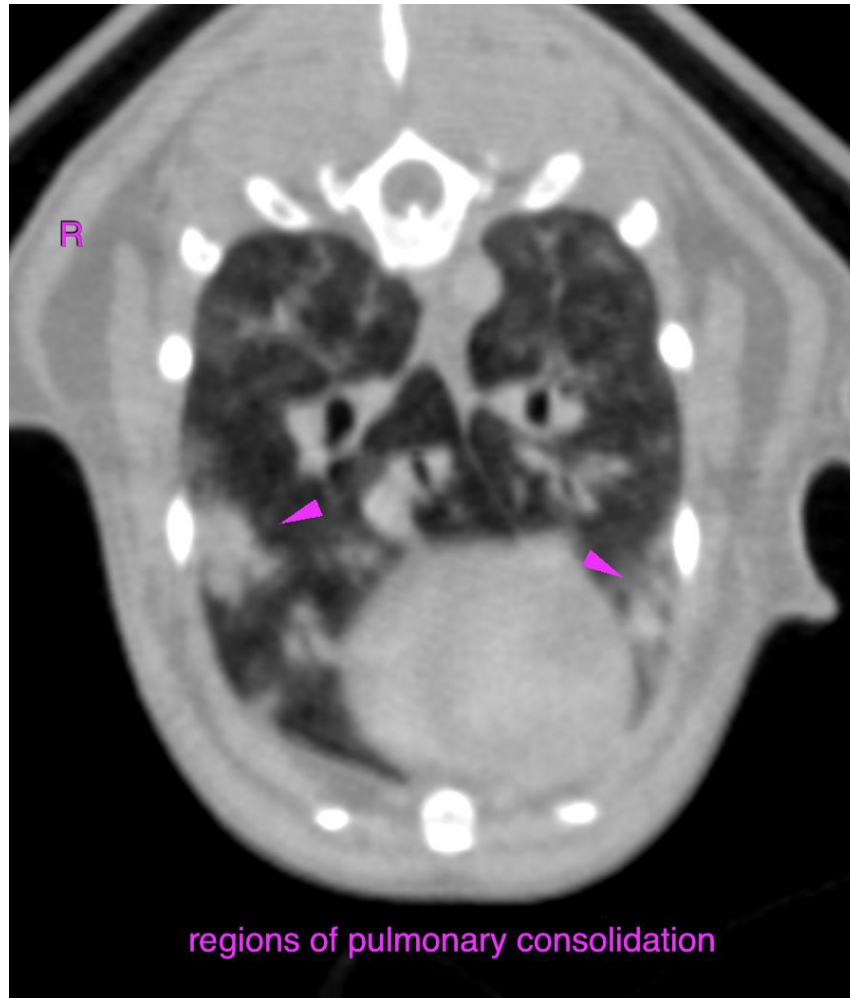
Meaux

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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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