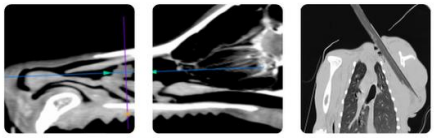


PATIENT

Felix English

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12Y

WEIGHT

6.2kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Tabitha

HOSPITAL NAME

Pet Emergency & Referral Center - NVA

REFERRING VET

Dr. Steve Hanson

INVOICE

73538

DATE

1-29-26

PRESENTING CLINICAL SIGNS

Diagnosed with mycoplasma in 2022 somewhat correlated with the onset of sneezing and the rhinitis, sometimes clear, sometimes purulent nasal discharge. Bilaterally involved nasal discharge, not one side worse than the other. Diagnosed hyperthyroid. Improves with clariton. Recent onset elevations ALT shown on pre dental bloodwork. Abdominal ultrasound suggestive of left division liver mass. Thoracic radiography's unremarkable other than diagnosed stage B1 hypertrophic cardiomyopathy on echocardiogram. CT of skull to determine etiology of rhinitis. Thoracic CT to insure no evidence of metastasis and abdominal CT to try to determine if the mass is surgically resectable. Is there space between the base i.e. the cranial aspect of the mass rather of the liver lobe and the mass, in other words, how far distal is the mass in the lobe and which lobe is involved.?

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

A supernumerary triadan 308 is present. Triadan 408 presents resorptive lesions.

In both nasal cavities, moderate destruction of the nasal conchal structures is appreciated. The osseous lining of both frontal sinuses presents hyperostosis. The frontal sinuses are obliterated by soft tissue attenuating material.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

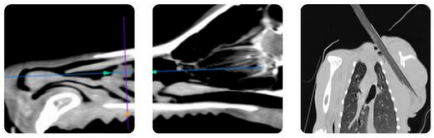
Along the thoracic & lumbar spine, multifocal spondylosis formation is seen.

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.

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 volume of the left caudal lung lobe is moderately decreased, and the parenchyma presents multiple zones with dystelectasis.



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

Abdomen

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

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.

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

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

In the caudoventral aspect of the left medial liver lobe, a diffuse pre- and post-contrast hypoattenuating, irregular roundish mass is seen; measuring 4.2 x 2.7 x 5.9 cm. Throughout the hepatic parenchyma, multiple irregular roundish hypoattenuating regions are seen.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Destructive rhinitis
- Complex cavitated mass caudoventral aspect left liver lobe
- Multiple hypoattenuating hepatic parenchymal regions
- Dental resorptive lesions 408
- Supernumerary triadan 308

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Destructive rhinitis in feline patients is commonly primary viral ± bacterial or mycotic superinfection. The changes are unusual for underlying nasal neoplastic disease. Rhinoscopy including biopsy and sampling for microbial culture - in many cases the initial causative infectious agent cannot be isolated anymore – can be used as advanced diagnostic tool. In chronic cases of rhinosinusitis, clinical signs are prone to reoccur.

The complex cavitary mass at the caudoventral aspect of the left division of the liver can present benign complex hepatic cysts or cystic neoplasia – such as carcinoma. Complete surgical excision of the cavitated mass is considered feasible. The post contrast hypoattenuating hepatic parenchymal lesions are most suggestive for hepatic cysts, a differential would be metastasis (considered less likely).

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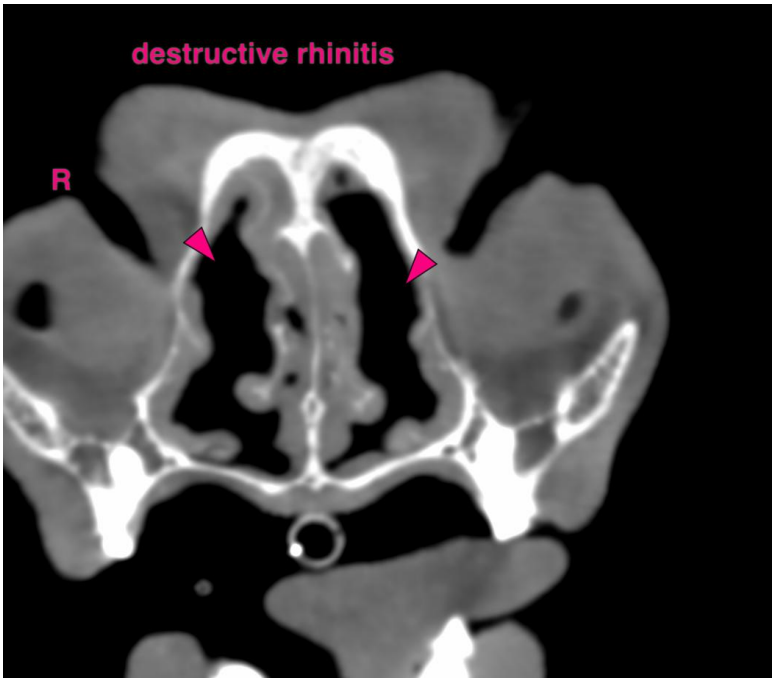

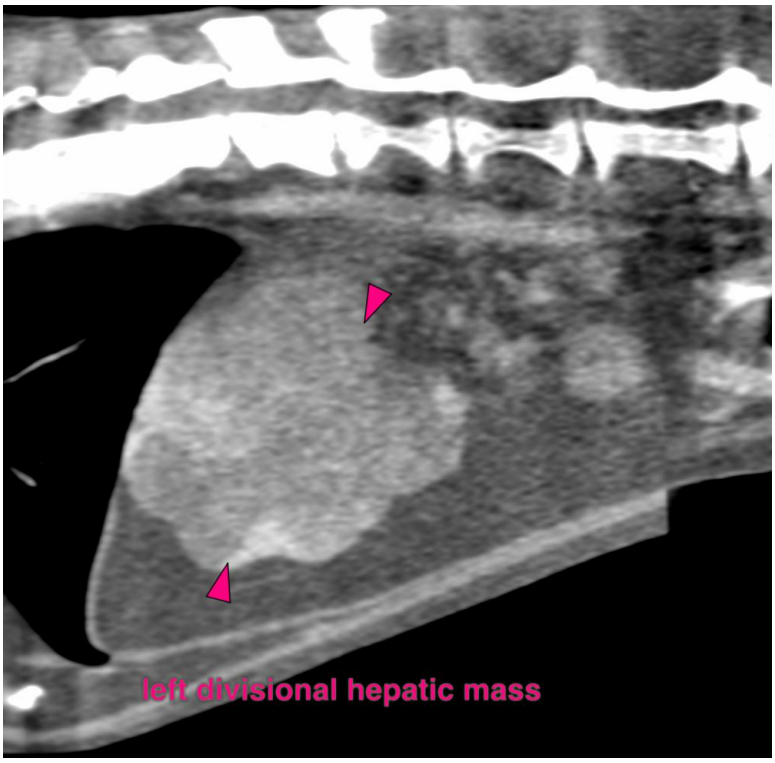

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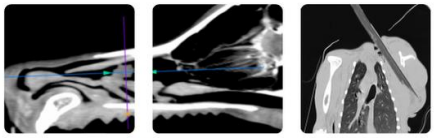

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Educational Teleconsultation Services™

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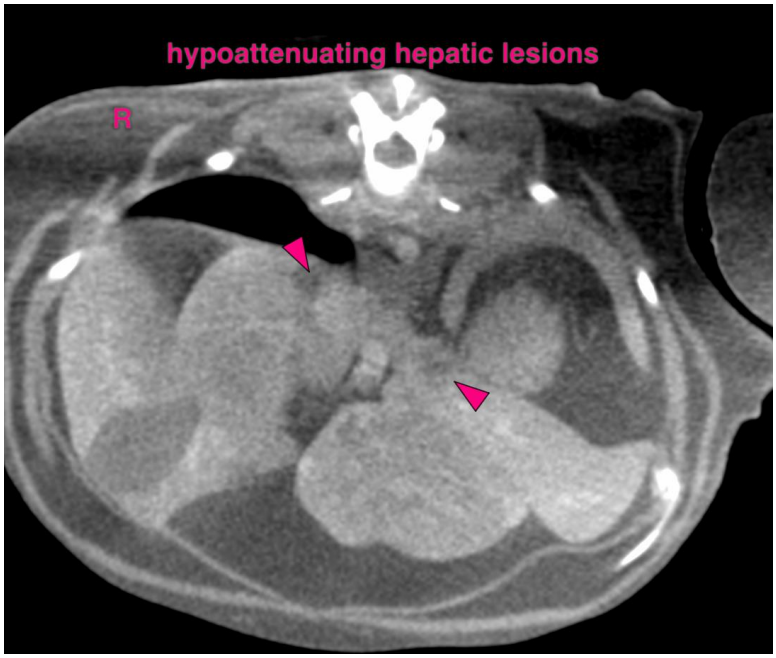

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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