



PATIENT

Zelda Watts

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12

WEIGHT

13.27lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

WS

HOSPITAL NAME

Aloha Pet & Bird
Hospital

REFERRING VET

Dr. Pepen

INVOICE

73198

DATE

1-6-26

PRESENTING CLINICAL SIGNS

anorexia, mild muscle wasting ; abd mass on us ; hx asthma

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

In the pleural cavity a small volume of gravity dependent fluid attenuating material is appreciated, and the lung lobes are retracted from the dorsal thoracic wall by the fluid attenuating material.

The mainstem bronchi and carina are encompassed by a diffuse soft tissue swelling. The right principal bronchus is compressed by the surrounding soft tissue material.

The right middle and right caudal lung lobe are consolidated. The right caudal lung lobe has a heterogeneous contrast enhancement pattern. Throughout the remaining lung lobes, randomly distributed, irregular shaped nodular soft tissue attenuating lesions are seen; measuring up to 6 mm in diameter. Generalized thickening of the bronchial walls is seen – accentuated in the right cranial lung lobe.

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

Abdomen

The serosal fat presents generalized mild soft tissue striation with interspersed small (<2 mm) contrast enhancing nodules.

Both kidneys present irregular margins with post contrast hypoattenuating irregular shaped lesions throughout the renal parenchyma, measuring up to 15 mm – partially protruding beyond the renal surface. A moderate amount of mineral attenuating material is associated with the renal pelvis bilaterally.

Between the stomach and left division of the liver, an irregular shaped, peripherally accentuated contrast enhancing soft tissue mass is seen; measuring approximately 2 x 2 x 3 cm. The hepatic lymph node and left renal lymph node are moderately prominent and present a heterogeneous, peripherally accentuated contrast enhancement pattern.

Throughout the pancreatic parenchyma, multiple well-defined, roundish parenchymal filling defects are seen; measuring up to 8 mm in diameter.

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

The body of the spleen as a heterogeneous contrast enhancement pattern.

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

In the subcutaneous tissue along the abdominal wall, multiple variable sized soft tissue nodules with an irregular contrast enhancement pattern are seen.



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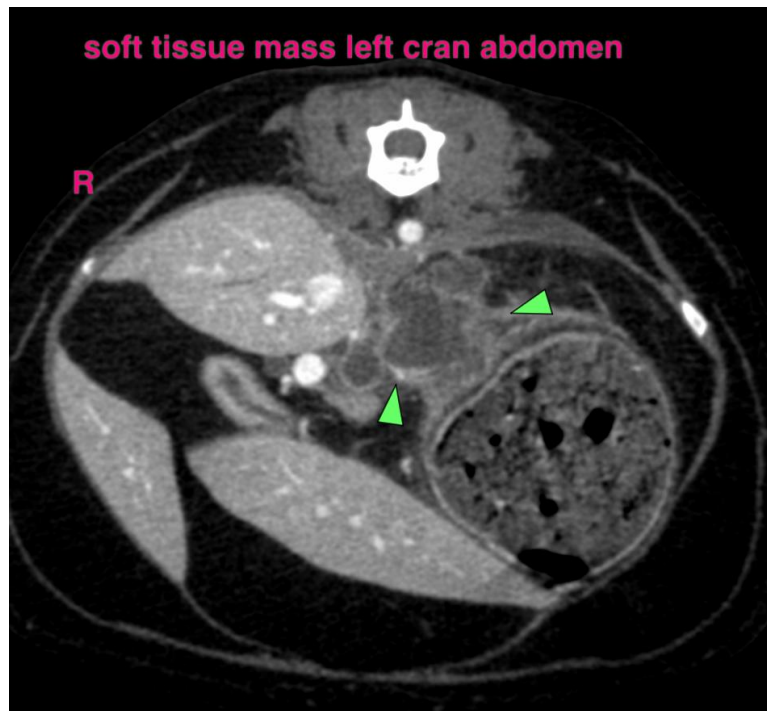
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Circumferential soft tissue mass level with carina and main-stem bronchi
- Consolidated right middle and caudal lung lobe with mild decreased volume and heterogeneous contrast enhancement
- Structured nodular interstitial lung pattern
- Soft tissue mass between the stomach and liver
- Renal intraparenchymal hypoattenuating soft tissue masses
- Lymphadenopathy hepatic lymph nodes and left renal lymph node
- Suspect small peritoneal soft tissue nodules
- Pancreatic thin walled cavitory lesions
- Multiple non-specific subcutaneous nodules along abdominal wall
- Pleural and peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with disseminated neoplastic disease, and I consider the odds for carcinomatosis high - possibly due to primary bronchogenic carcinoma. FNA sampling of the consolidated lung and abdominal masses can be performed for confirmation.





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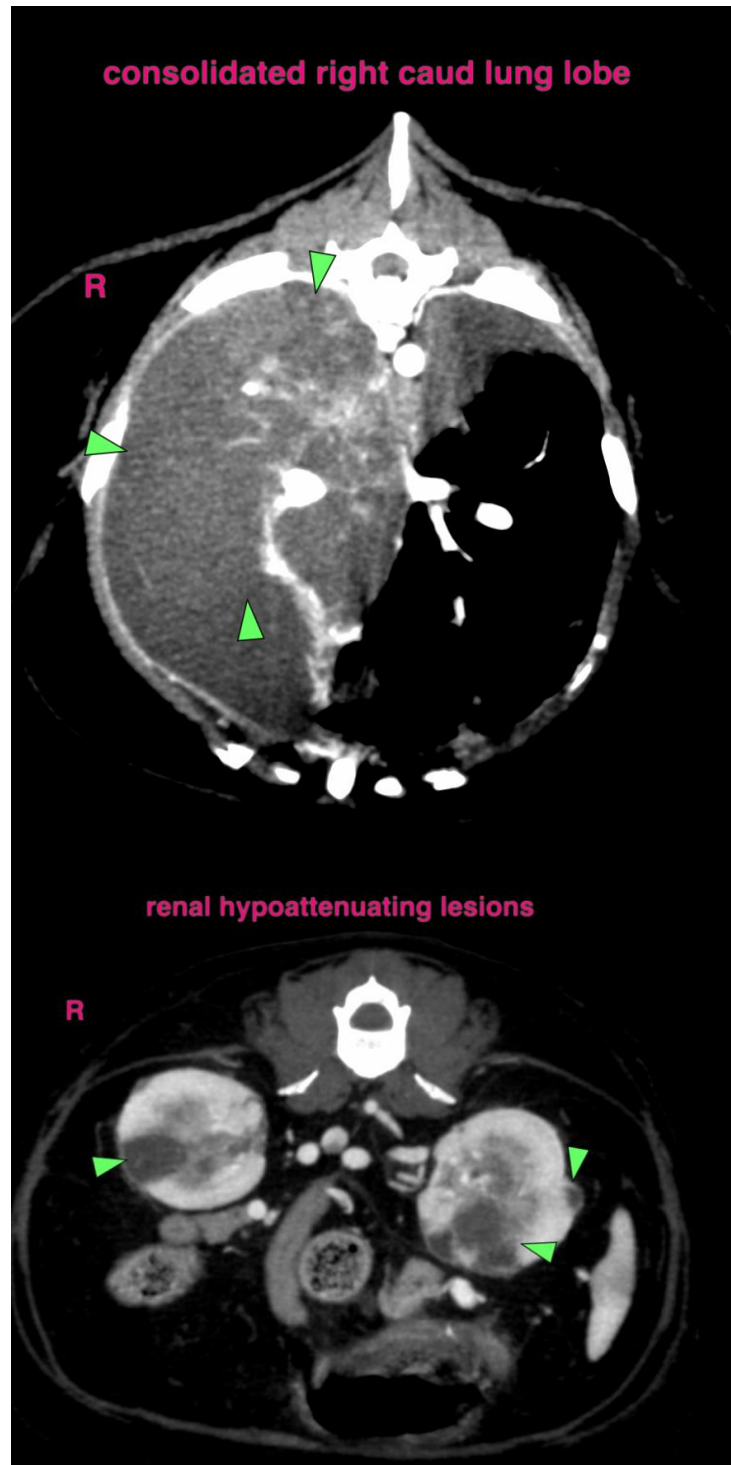
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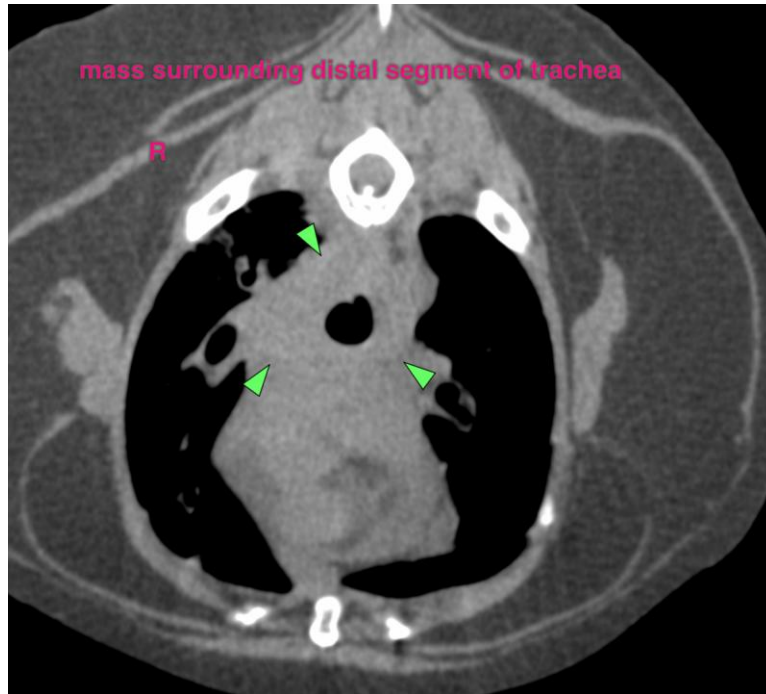
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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