



PATIENT

Tina Liang

PRESENTING CLINICAL SIGNS

Tina presented for acutely and rapidly progressively swollen right hind limb 2 week duration.

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX AND RIGHT HIND LIMB

A high resolution plain CT study of the thorax and right hind limbs are provided for review.

BREED

DSH

Thorax

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

SEX

FS

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

AGE

8 Years

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 lung parenchyma is hypoinflated and the dorsal dependent aspects of the lung present multiple regions with dystelectasis.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

Right hind limb

HOSPITAL NAME

Animal Surgical
Center

At the caudal aspect of the right thigh, a ovoid shaped, mild heterogeneous soft tissue attenuating and multifocal amorphous mineralized mass is visible. The mass is measuring approximately 9.2 x 10.5 x 10.7 cm in size. The mass is extending distally, caudal to the right gastrocnemius muscle, up to the level of the mid diaphysis of the right tibia. The mass causes splaying the musculature at the caudal aspect of the thigh and is in contact with the femur cranially. The osseous structures of the right hind limb are within normal limits.

REFERRING VET

Battery Park Vet
Hospital

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass caudal aspect right thigh
- Dystelectasis of the lung parenchyma

INVOICE

47887

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with a primary soft tissue neoplasm at the caudal aspect of the right hind limb and sarcoma is the top differential. If not done so yet, recommend FNA sampling ± biopsy of the mass. Due to the size and rapid growth of the mass, the chances of surgical resection – mass is likely in close contact with the sciatic nerve – versus amputation (might be the preferred treatment option here) of the right hind limb should be discussed with surgeon/oncologist.

DATE

10-20-21

There is no evidence of pulmonary metastatic disease. However, smaller metastasis might be effaced in the regions of dystelectasis of the lung parenchyma.



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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