



PATIENT

Pudding Lee

PRESENTING CLINICAL SIGNS

Pudding, presented to the Toronto Animal Health Partners Surgery Service for liver masses. The mass was initially noticed December 2021 due to elevated liver enzymes. Ultrasound revealed multiple liver cysts. Liver biopsy taken February 2022. Normal EDUD; Diarrhea/sneezing/coughing. Vomiting every 2-3 weeks, started March/April 2022. Energetic. Pudding is currently eating RC PD, with sensitive stomach. Pudding is UTD on vaccines.
Abnormal PE/Chem/CBC/UA Results: ABD: Distended abdomen

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

BREED

Domestic Shorthair

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

FS

Thorax

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

The tracheobronchial lymph nodes are prominent.

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

The lung parenchyma presents a patchy ground glass attenuation pattern. The bronchial walls are mildly thickened and smooth.

AGE

1 Year, 6 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Abdomen

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

HOSPITAL NAME

Animal Health Partners

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.

REFERRING VET

Dr. Jeffery Biskup

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

Originating from the right lateral liver lobe and the left lateral liver lobe, present with a large, well-defined, roundish fluid attenuating mass protruding caudally into the abdominal cavity, measuring 16.0 x 12.0 x 5.5 cm (left) and 7.4 x 9.5 x 7.0 cm in size. The structures of the gastrointestinal tract are displaced dorsally and into the right abdomen.

INVOICE

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

DATE

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

The bony and surrounding soft tissue structures reveal no abnormalities.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large hepatic cysts
- Patchy unstructured interstitial lung pattern
- Mild bronchial pattern
- Lymphadenopathy tracheobronchial lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with (congenital) simple hepatic cysts, complete surgical resection of the cystic lesions is considered feasible and considered as the therapy of choice.

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The lung pattern is suggestive for either atypical bronchopneumonia (e.g. Mycoplasma) or parasitic bronchopneumopathy. Lower airway sampling can be considered as advanced diagnostic tool. Secondary reactive hyperplasia of the tracheobronchial lymph nodes.

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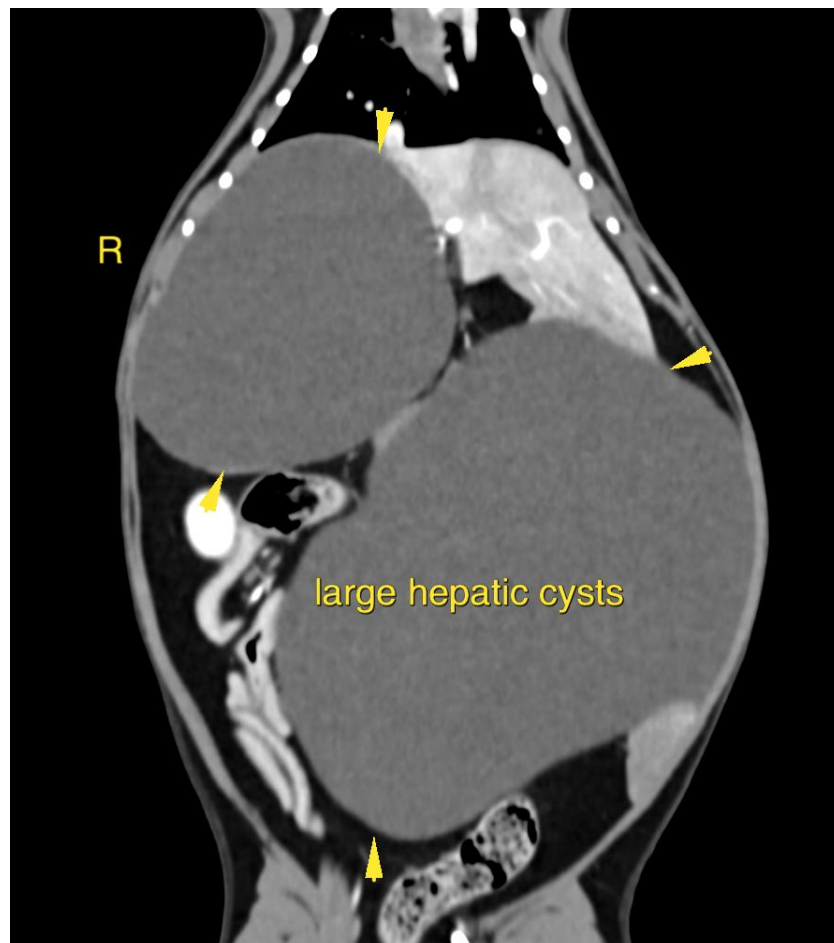
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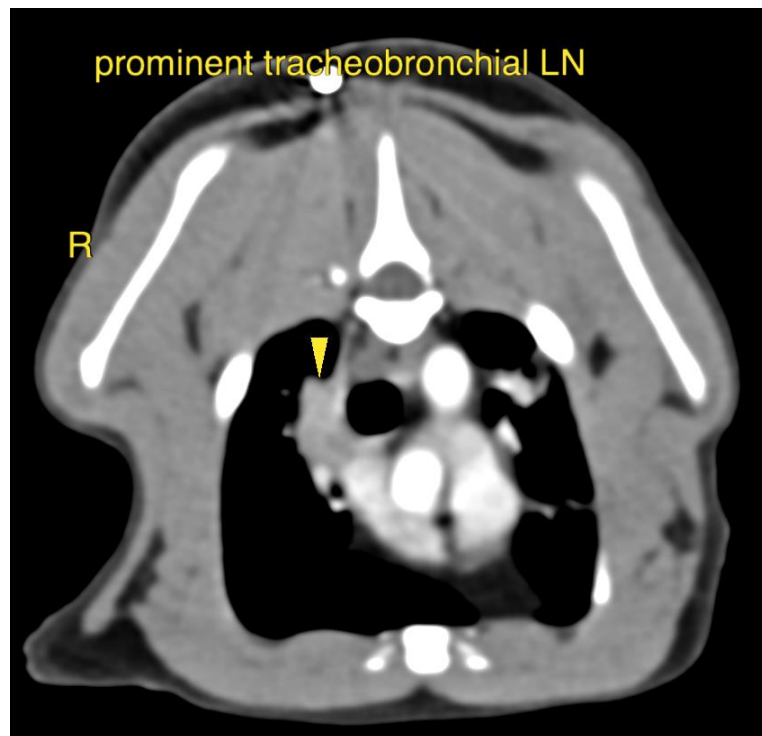
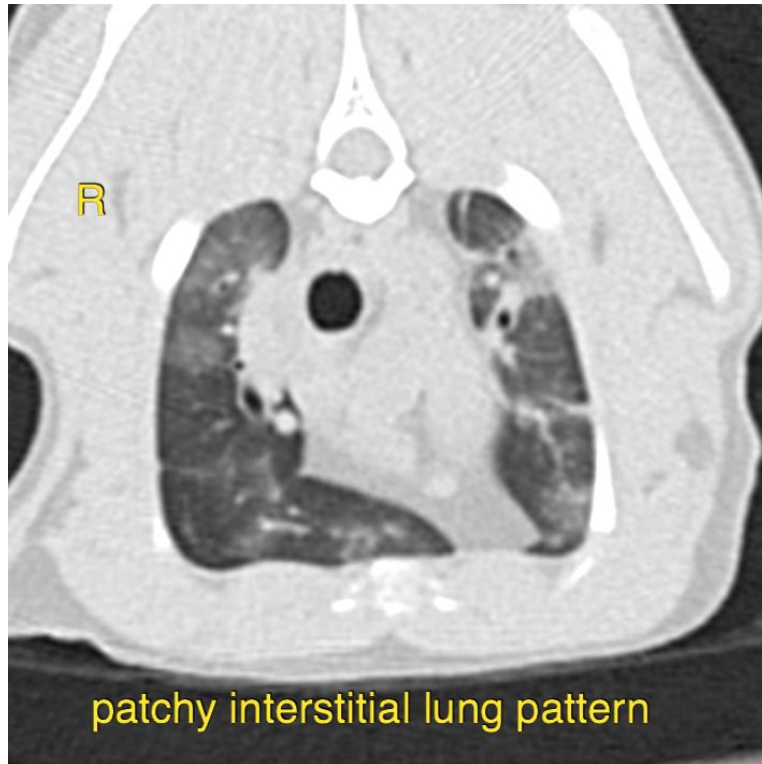
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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