



**PATIENT PRESENTING CLINICAL SIGNS**

Tiger Strassberg

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

VetMed Consultants

**REFERRING VET**

Dr. Jeff Porter

**INVOICE**

17919

**DATE**

10/26/22

History: Tiger presented on 8/5/22 with a several week history of lethargy. On exam diffuse SQ edema was noted from the neck down. Blood work showed a mild panleukopenia (2,800), a mild thrombocytopenia (93,000) and a normal albumin. Thoracic and abdominal radiographs were reported to be normal other than the diffuse SQ edema. A heart murmur was reported to be present since 2020, at which time a BNP was reported to be normal. On physical exam a grade 4/6 right and left sternal murmur was noted. He was in obese body condition with diffuse SQ edema. A bicavitory ultrasound with cardiac consultation on 8/5 confirmed that his SQ edema was not secondary to heart disease (mild HCM). Wall thickening up to 4.3mm with muscular hypertrophy was noted in the ileum and mild jejunal thickening up to 2.7mm was also noted. His spleen was mildly enlarged (15.9mm) as well. He was treated with 3 days of Onsior, as well as Clavamox and Baytril for presumptive cellulitis. At a recheck on 8/16 the edema was completely resolved, he had lost 4 pounds and the medications were discontinued. The owners were out of town for 5 days (8/17- 8/21) and when they got home they discovered that the edema had fully returned. Tiger presented again on 8/29 for a worsening of the edema over the previous 48 hours as well as a hard lump on the side of his throat. His activity level was reported to be decreased although his appetite and drinking were normal. On exam, generalized pitting edema was noted over the neck, thorax, abdomen and all 4 limbs. Referral for an internal medicine consult was recommended and he was treated with 3 weeks of clindamycin and Baytril. No improvement was ever noted. Tiger presented to MedVet for an internal medicine consult on 9/13. He was still on Baytril and clindamycin at that time. On exam pitting edema was noted diffusely over the neck, ventrum and all four limbs. A CT scan and possible biopsies were recommended and he was started on Clavamox, doxycycline and 5mg prednisolone SID. Tiger presented to AVC for an internal medicine consult on 9/27. Continued diffuse pitting edema was reported. He has been tapered off of the prednisone and has been off all medications for the past week. The owner reports that he continues to be lethargic. His appetite is decreased but he is drinking normally. Tiger is an indoor/outdoor cat with no reported history of travel. He typically weighs around 14 to 15 pounds.

Abnormal PE/Chem/CBC/UA Results: PE: **\*\*General Appearance:\*\*** quiet, alert and responsive; obese body condition with severe ventral edema over the neck, ventrum and all 4 limbs, the edema is worse over the thorax and forelimbs Tiger is initially sedated with butorphanol and alfaxalone IM. The SQ edema severe and is massaged from his limbs and a 22ga IV catheter is placed in his left cephalic vein. Blood is drawn from the right saphenous vein using a 25ga butterfly catheter. The first 0.3cc is discarded to avoid any possible contamination with the SQ edema. Two serum separators and two small EDTA tubes are collected (one of each is held for possible infectious disease testing if indicated). A cystocentesis is performed using ultrasound guidance and 6mL of mildly cloudy light yellow urine is obtained. Blood is submitted STAT for a senior wellness panel. While in lateral recumbency, Tiger's head and face became edematous and he was recovered with his head elevated while in sternal recumbency. Blood work: Chemistry panel - Alb = 2.4, Glob = 2.2, otherwise unremarkable. T4 = 0.9. CBC - wbc 12,300 with a slight neutrophilia and slight monocytosis, platelets = ~225,000-300,000. Urinalysis - USG 1.029, pH 7.0, 1+ protein, 3+ blood, 11-20 rbc/hpf. Pre and post contrast whole body CT is performed in sternal recumbency. There is a mild amount of pleural effusion that is causing lung lobe collapse. Ultrasound-guided thoracocentesis is performed and 200mL of clear straw colored fluid with a TS of 2.0g/dL is removed



**PATIENT** Tiger Strassberg from the right side using an 18ga IV catheter. Positive pressure ventilation is given to help reexpand Tiger's lung lobes. Tiger is placed in dorsal recumbency and a CT scan of the thorax is repeated. Three 6mm punch biopsies are performed (1 over the the left dorsal neck, 1 over the left dorsal thorax and 1 over the right dorsal abdomen) in areas where edema has accumulated. Fluid pours from all of the biopsy sites. The areas are closed with 1 cruciate suture and 1 simple interrupted suture at each site with 3-0 Ethilon.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN**

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

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

A generalized significant subcutaneous edematous swelling is appreciated along the skull and trunk.

**SEX**

**Skull**

Neutered Male

Triadan 407 is absent.

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The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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.

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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.

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**Thorax**

Dr. Jeff Porter

The bony structures are within normal limits.

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In the pleural cavity, a moderate amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. Pleural fissure lines are appreciated. The lung lobes are retracted from the thoracic wall and present a generalized decreased volume. Multiple regions with dystelectasis of the lung parenchyma are visible.

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**PATIENT** Tiger Strassberg  
 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.

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

**Abdomen**

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 The serosal fat presents generalized moderate soft tissue striation.

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.

**SEX** Neutered Male  
 The adrenal glands are within normal limits for size, shape and organ architecture.

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

**AGE** 8 Years  
 The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

**INTERPRETED BY** Sebastian Schaub, DVM Dr. med. vet. DipECVDI  
 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.

**HOSPITAL NAME** VetMed Consultants  
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of generalized significant subcutaneous edema along the trunk, accentuated along the ventral aspects
- Moderate pleural effusion
- Mild ascites
- Secondary atelectasis of the ventral aspects of the lung parenchyma
- Absent triadan 407

**REFERRING VET** Dr. Jeff Porter  
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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 The CT study is fitting the history of generalized subcutaneous edema but fails to present an underlying cause. The contrast enhancing structures along the cranial abdominal aortic segment presents dilated lymphatic vessels & the cisterna chyli – this is considered as an incidental finding as dilation of these lymphatic structures can be appreciated in cats without respective clinical signs as

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**PATIENT**

well. Potential sources for the subcutaneous edema include vasculitis, hepatic disease, renal disease, paraneoplastic, toxic, myxedema (e.g. hypothyroidism), (infectious - FIP).

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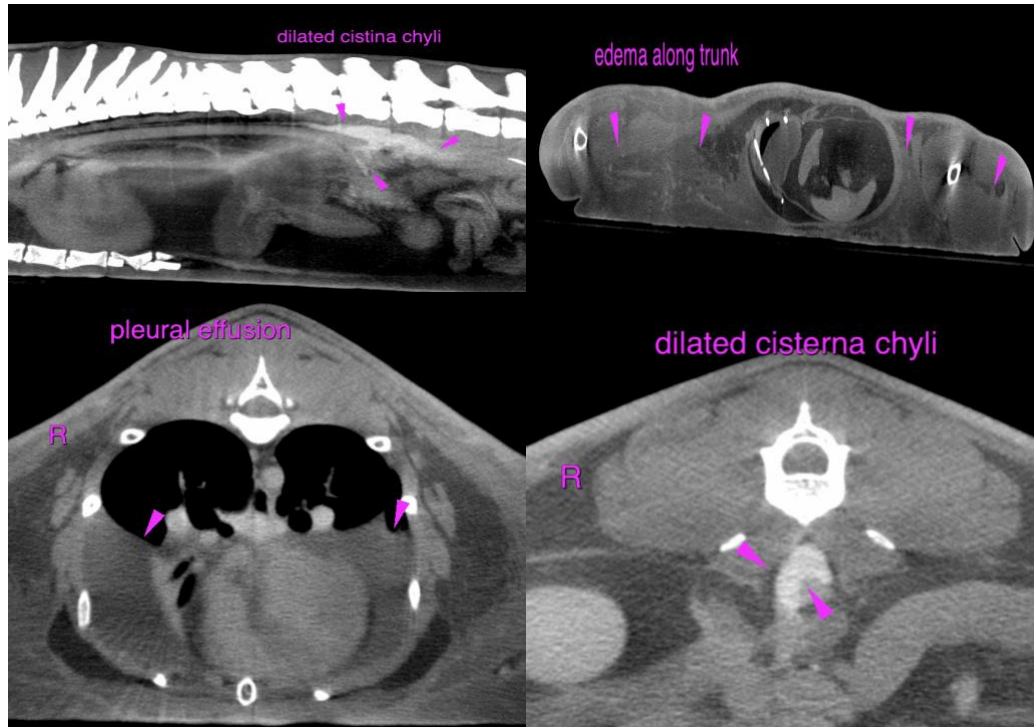
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**HOSPITAL NAME**

VetMed Consultants

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.

**REFERRING VET**

Dr. Jeff Porter

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