



PATIENT

Bija Bell

PRESENTING CLINICAL SIGNS

Lemon size firm mass in the subcutaneous layer of the caudal abdomen. X-rays are submitted to verify whether disease is metastasized in thorax or abdominal cavities before lumpectomy. Abnormal PE/Chem/CBC/UA Results: Blood work: elevated BUN, CREA, low RBCs and PCV

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study including the thorax and abdomen in three imaging planes is provided for review.

BREED

Domestic Longhair

RADIOGRAPHIC FINDINGS

Thorax

The skeletal structures present a generalized decreased radiopacity.

SEX

Female Spayed

Multifocal mild spondylosis formation is seen along the thoracic spine.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

16 Years

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The cardiac axis is age related rotated and nearly paralleling the sternum. The pulmonary vasculature is within normal limits.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

Multifocal mild spondylosis formation is seen along the lumbar spine, most accentuated level with the lumbosacral junction.

REFERRING VET

Dr. Boctor

In the subcutaneous tissue, level with the left caudal mammary complex and the caudoventral abdominal wall, a heterogeneous soft tissue opaque, ill-defined mass is seen, presenting mild granular mineralization.

INVOICE

55749

In the caudal abdomen, cranial to the urinary bladder, a well-defined, ovoidal shaped, egg-shell like mineralized body is seen, measuring 11 x 6 mm in size.

The liver is appropriate in position, size and presents uniform opacity.

DATE

12-21-22

The splenic head is in the anticipated position and within normal limits for size and opacity.

The volume of the left kidney is significantly decreased, measuring approximately 19 mm in length. A small amount of mineral opaque material is seen in the imaging plane of the left renal pelvis. The right kidney is normal in size and has mild irregular margins. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary



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tract.

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The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

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Feline

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

BREED

Domestic Longhair

- Subcutaneous soft tissue mass left caudoventral abdominal wall
- Bilateral chronic nephropathy, L>>>R
- Generalized osteopenia
- Nodular fat-necrosis caudal abdomen, incidental
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

SEX

Female Spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

16 Years

The subcutaneous mass is fitting the history of presumed subcutaneous soft tissue neoplasm at the left caudoventral abdominal wall and might originate from the mammary complex – e.g. carcinoma, sarcoma.

There is no radiographic sign for metastatic disease.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Recommend complete renal staging due to evidence of chronic nephropathy and left sided end-stage renal disease.

The generalized osteopenia can be an age related finding and might be accentuated by secondary hyperparathyroidism due to renal disease.

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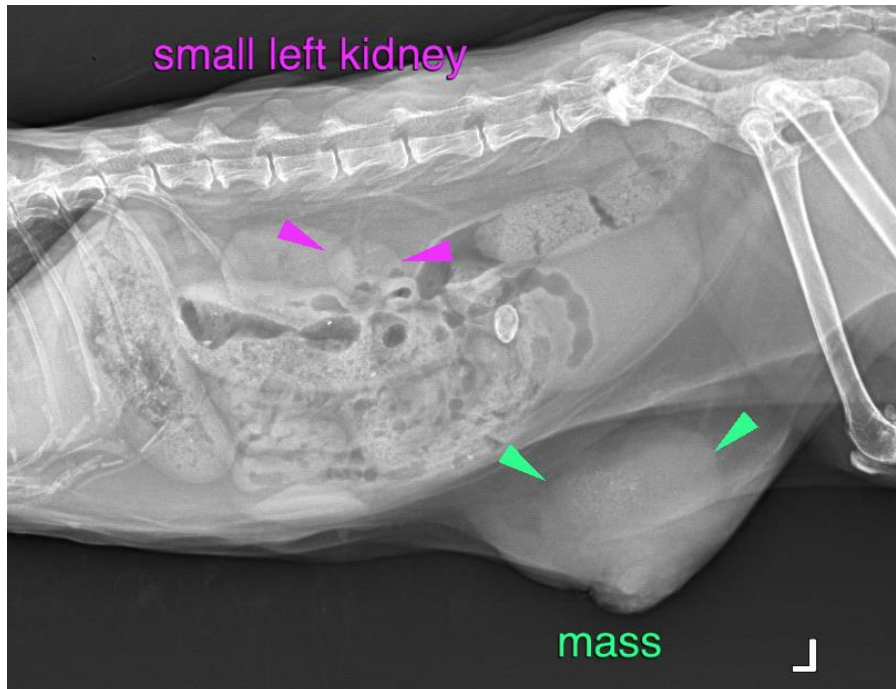
Dr. Boctor

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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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