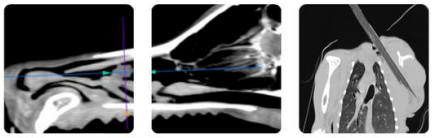

PATIENT

Jax Weidman

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4

WEIGHT

8.2

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73764

DATE

2-16-26

PRESENTING CLINICAL SIGNS

- O states they noticed a mass on the R side of pet's ribcage two weeks ago. It has not grown since they noticed it. E/d wnl, diet was Z/d dry for a year but switched to RC Indoor Adult dry about 2 months ago, all free choice; O also
- gives 1 tbsp of canned, 1x day, for the past month. U/d wnl. No c/s/v/d. UTD on vaccines.
- O:

Abnormal PE/Chem/CBC/UA Results: General appearance- BAR Integumentary-20mm firm fixed sq mass right lateral cranial abdomen, 9th rib. Musculoskeletal-BCS 5/9; ambX4 Respiratory-lungs auscult clear Digestive-soft nonpainful abdomen; no dental calculus Genitourinary-soft palpable bladder Ears-clear AU Neural Systems-wnl Lymph Nodes-wnl Eyes-clear OU Circulatory- normal Mucous membranes-pink crt<2sec

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The distal aspect of the osseous part of the 10th right rib presents an expansile, cauliflower shaped expansile solid mineralizing mass is seen, measuring 1.6 x 2.1 x 1.6 cm.

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. The thoracic duct is generalized accentuated by contrast media.

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 presents the expected architecture and attenuation behavior.

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

Abdomen

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

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. Level with L4/L5 the right ureter is crossing dorsally over the caudal vena cava.

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.

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.

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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.

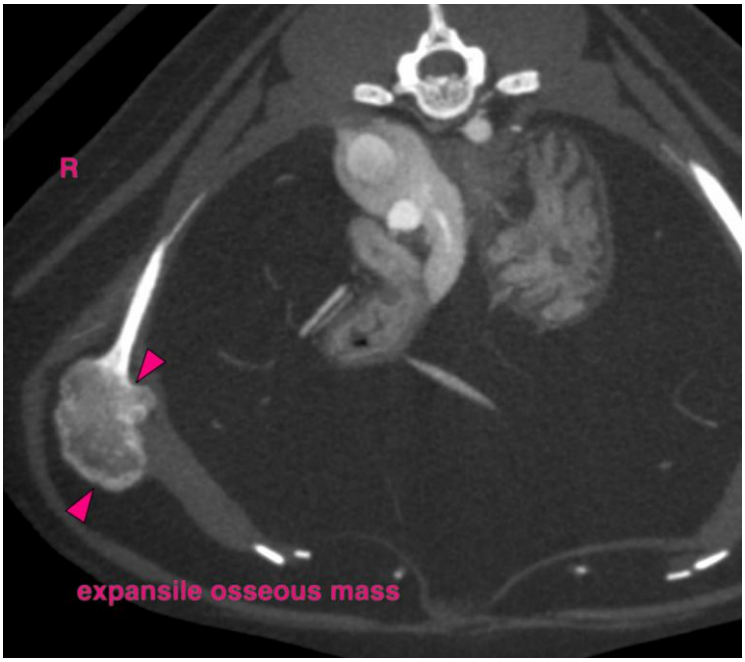
The left femoral head is absent, and the left femur is in a relative proximal position. The periarticular bones of the right coxofemoral joint present moderate osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile mineralizing mass distal aspect 10th right rib
- Right sided retrocaval ureter without mechanical obstruction
- History of left sided femoral head ostectomy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineralizing mass of the 10th right rib is highly suggestive for osteochondroma (can be related with FeLV infection). Biopsy can be performed for specification. In some cases, osteochondroma can undergo malignant transformation.



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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com