



## PATIENT

Aladdin Hays

## SPECIES

Feline

## BREED

Norwegian Forest

## SEX

Male Neutered

## AGE

11Y, 6D

## WEIGHT

16.30lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Joseph D'Abbraccio,  
DVM

## HOSPITAL NAME

Catskill Veterinary  
Services, PLLC

## REFERRING VET

Joseph D'Abbraccio,  
DVM

## INVOICE

73836

## DATE

2-18-26

## PRESENTING CLINICAL SIGNS

- 2/17/2026: Aladdin presents today with the following concerns: patient was seen in our Middletown location and an xray was taken. A lung mass was seen and the Patient was transferred to Rockhill for a CT scan
- Owner went away and the Patient seemed fine. The owner returned on 2/2 and Patient was not interested in food which is not like him. The Patient seemed to be sleeping a little more than usual and not acting like himself.
- Patient was not eating and when he was it was only a little bit, and he would take a bite and then spit it out
- Any recent boarding or contact with other animals: 3 other cats in the home
- Eating habits Abnormal Explain. Not eating For how long? 4-7 days
- Is the patient on any medication: Miratz
- What time were medications given?: about 2 days
- Vaccine Status: patient Owner believes he is UTD

Abnormal PE/Chem/CBC/UA Results: PE: Mild dental tartar and gingivitis over molars.; No pain or sensitivity noted on abdominal palpation; CBC:WNL; Chem: ALT <10;

## COMPUTED TOMOGRAPHY OF THE THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

Multifocal throughout the shoulder muscles and epaxial muscles level with the spinous process of T5/T6 irregular contrast enhancing muscular lesions are appreciated.

The sternal, cranial mediastinal 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.

In the hilar region of the accessory lung lobe, a uniform soft tissue attenuating and heterogeneous contrast enhancing roundish mass is seen, measuring approximately up to 2 cm. The mass in the hilar region of the accessory lung lobe is extending up to the carina and dorsal aspect of the caudal tracheal segment. The right principal bronchus is distorted by the surrounding mass effect. Multifocal throughout the lung parenchyma, well-defined, nodular lesions are seen, measuring up to 4 mm in diameter.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass hilar region accessory lung lobe with involvement of the hilar region of the tracheal and compression of the right principal bronchus
- Structured nodular interstitial lung pattern
- Multiple contrast enhancing muscular lesions

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with primary pulmonary neoplasia in the hilar region of the accessory lung lobe, presenting localized invasive growth – the top diagnosis is carcinoma with metastatic spread to



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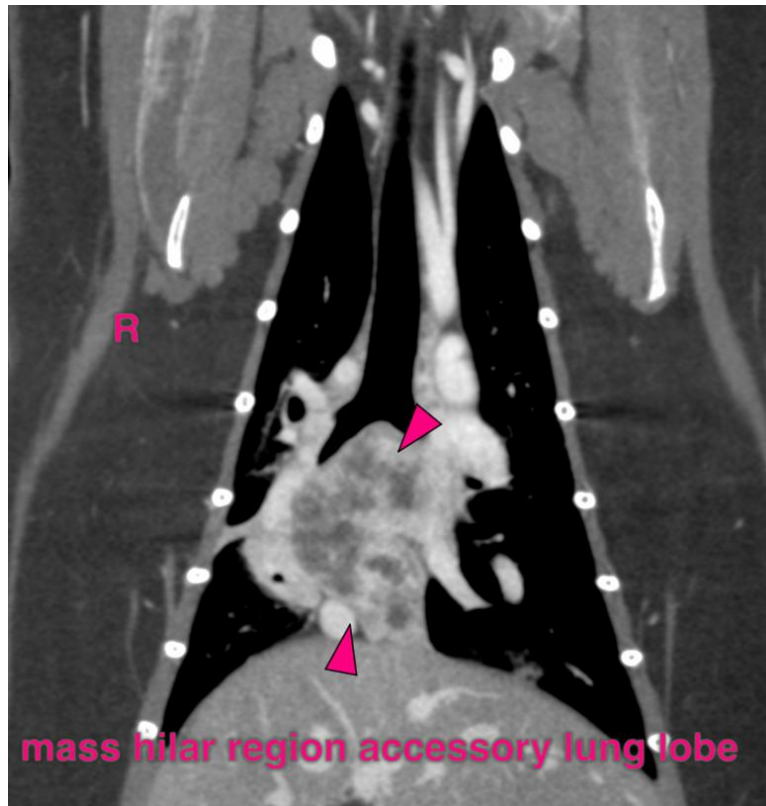
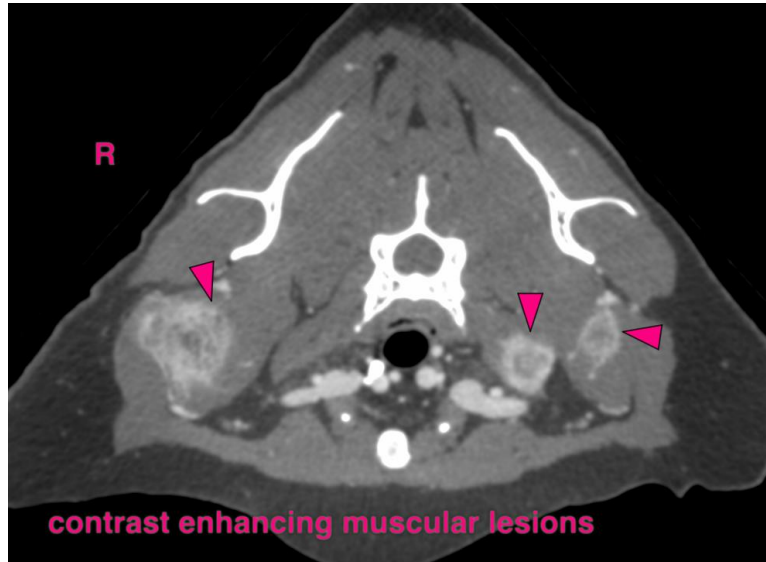
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the lung and skeletal muscles. FNA sampling of the pulmonary mass ± muscular lesions can be performed for confirmation. Treatment options are limited to palliative management.





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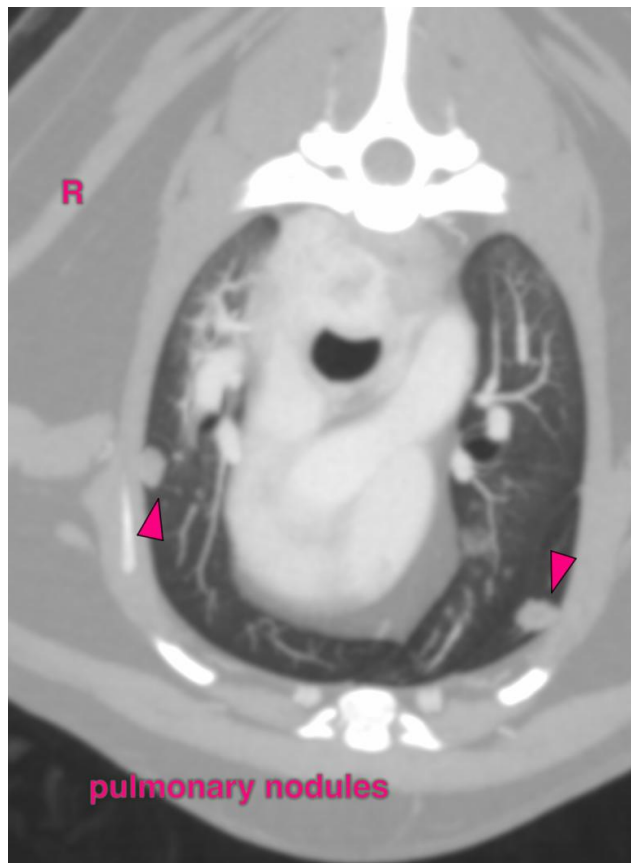
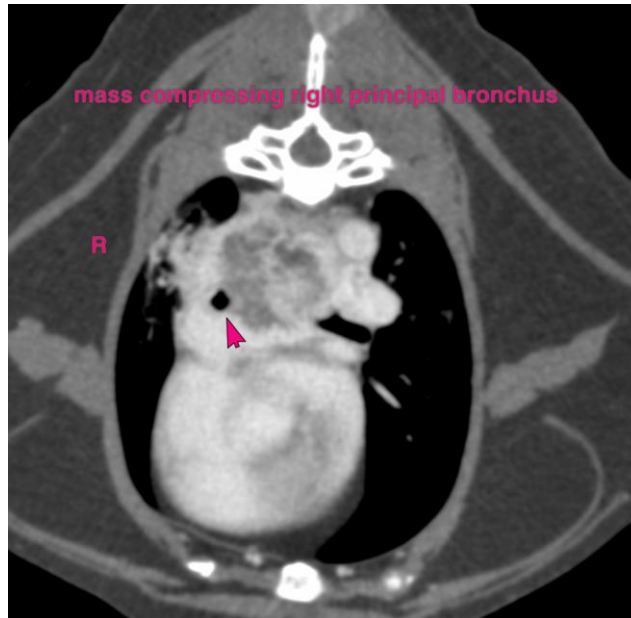
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)