



PATIENT

Milo Gonzalez

PRESENTING CLINICAL SIGNS

Patient was here 02/11/22 for unblock Has had good days and bad days since Drinking Less Not eating dry food, very little wet food Finished orbax and pred yesterday No bowel movement or urination yesterday Bilateral HL Paresis (Withdraw reduced and slow) Feet mildly cold Lumbar Spine or Hip Painful Not Urinating but bladder easily expressed
 Abnormal PE/Chem/CBC/UA Results: Hypercalcemia Ca⁺>20 TBIL <1.0 CBC normal Total T4 2.0, below normal Ref Range

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

BREED

DSH

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

MN

Thorax

In the left aspect of the spinal canal, level with T10, contrast enhancing, ill-defined material is visible, distorting the dural tube at the same level.

AGE

10 Months

There is a large cranioventral mediastinal mass, displacing the cardiac silhouette caudally and to the right. The cranioventral mediastinal mass is occupying the complete thoracic width at the same level and the large cranial mediastinal vessels and the trachea are displaced dorsally. The cranioventral mediastinal mass is moderately contrast enhancing and measuring 4.4 x 3.3 x 7.9 cm in size.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Compression atelectasis of the caudodorsal aspects of the lung is seen.

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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.

REFERRING VET

Dr. O'Connor

Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineralized material is associated with the left renal pelvis. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. No mineral attenuating material is seen in the urinary bladder or pictured segments of the urethra.

INVOICE

50503

The adrenal glands are within normal limits for size, shape and organ architecture.

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

DATE

2-23-22

The spleen is prominent, measuring up to 1.5 cm in width. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The left hepatic lymph node is prominent.



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

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

The hypogastric lymph nodes are prominent.

BREED

DSH

In the left epaxial musculature, level with L5/L6, multiple small gas inclusions are visible – suspect preceding intramuscular injection.

SEX

MN

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cranioventral mediastinal mass
- Suspect extradural moderate contrast enhancing mass level T10 with compressive myelopathy
- Lymphadenopathy hepatic and hypogastric lymph nodes
- Splenomegaly
- Left sided mild nephrolithiasis without evidence of obstruction

AGE

10 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are highly concerning for disseminated neoplastic disease and round cell neoplasia is the top differential. Recommend FNA sampling of the cranioventral mediastinal mass for further definition. Based on the results of the advanced diagnostic tests, the chances of chemotherapy might be discussed with oncologist.

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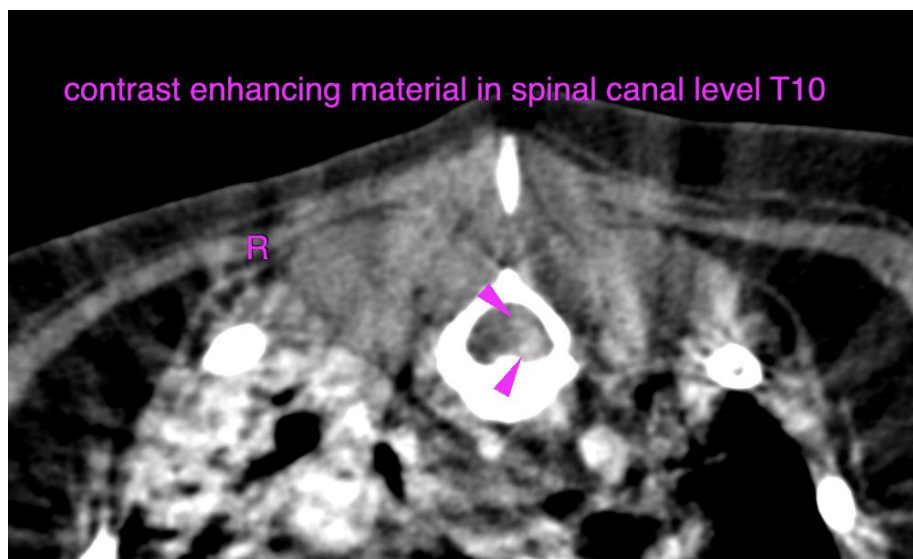
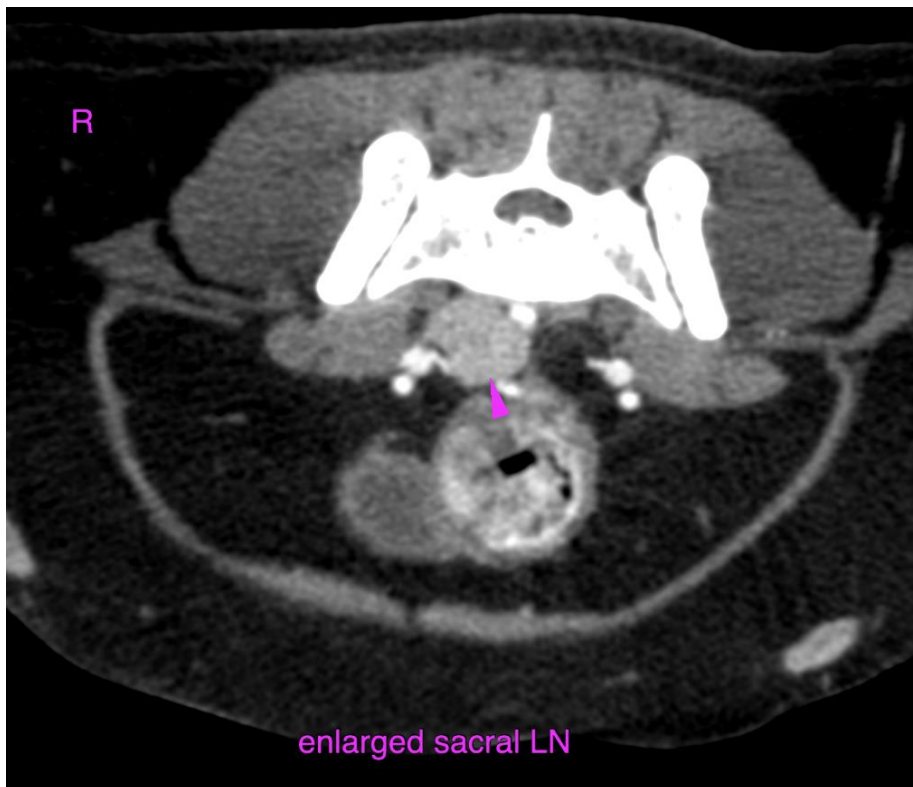
Dr. O'Connor

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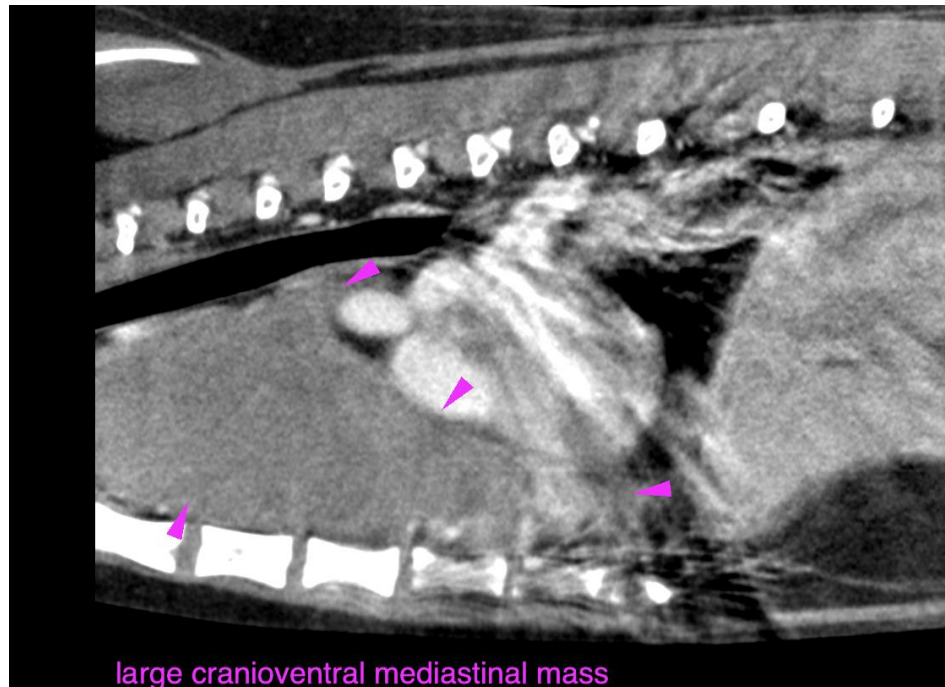
DSH

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large cranioventral mediastinal mass

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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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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