



PATIENT

Sparticus Gligigh

SPECIES

Feline

BREED

DOM

SEX

MN

AGE

13Y, 9M

WEIGHT

11

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

74302

DATE

3-23-26

PRESENTING CLINICAL SIGNS

Presented with a soft mass in the plantar paw area of the left T.L.

COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND CARPUS

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax & Carpus

Between the first digit and the second metacarpus of the left front paw, an ill-defined, uniform soft tissue attenuating and post contrast peripherally accentuated mild contrast enhancing roundish mass is seen; measuring 15 x 19 x 24 mm. Abaxial splaying of the first digit by the mass effect is seen. The osseous structures of the left front paw reveal no abnormalities.

The left axillary lymph node and the superficial cervical lymph node bilaterally are moderately prominent, rounded and has a uniform soft tissue attenuating and contrast enhancement pattern.

The sternal lymph nodes are prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

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 right cranial lung lobe and right middle lung lobe are consolidated with air-bronchograms and present a moderate decreased volume; a right sided mediastinal shift is appreciated. 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.

A separate right & left caudal vena cava of the pre-renal segment is seen.

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. Both ureters are crossing dorsally over the ipsilateral caudal vena cava, level with L6.

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

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

The liver is normal in size and shape. In the right medial liver lobe, a well-defined, roundish parenchymal filling defect is seen; measuring 12 mm in diameter.

The wall of the gallbladder is generalized thickened, measuring up to 3.8 mm in width and is increased contrast enhancing. In the cystic duct/cranial segment of the common bile duct, an ovoid shaped, well-defined, mineral attenuating calculus is seen; measuring 2.5 mm.



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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.

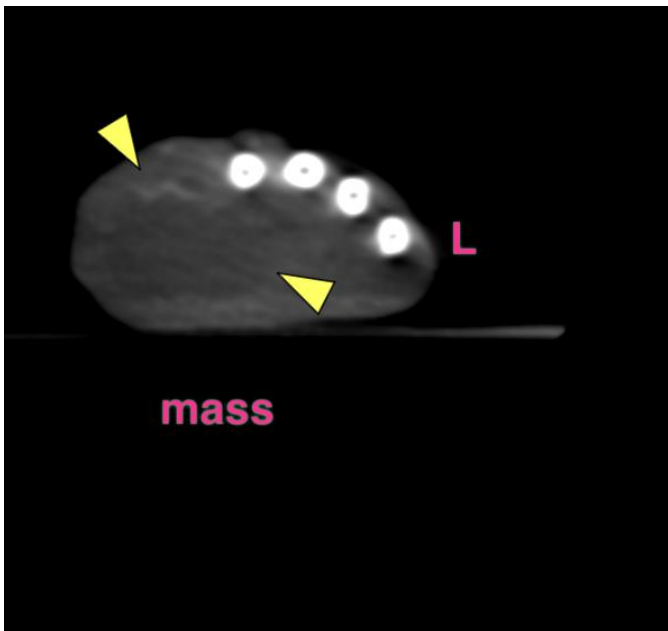
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Interdigital soft tissue mass between the 1st and 2nd digit of the left front limb without osseous involvement
- Lymphadenopathy left axillary lymph node, superficial cervical lymph node bilaterally and sternal lymph node
- Cholecystolithiasis with likely partial obstruction of the common bile duct
- Secondary cholecystitis
- Double caudal vena cava, pre-renal segment
- Bilateral retrocaudal ureter without mechanical obstruction
- Solitary simple hepatic cyst
- Zones with dysteclastasis right cranial and middle lung lobe
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass of the left front paw is compatible with primary soft tissue neoplasia – such as sarcoma or round cell tumor. The odds for metastatic spread to the regional lymph nodes are high. Theoretically granulomatous disease (e.g. mycotic) is a differential, but the odds are low. Recommend FNA sampling of the mass and the enlarged lymph nodes for specification.





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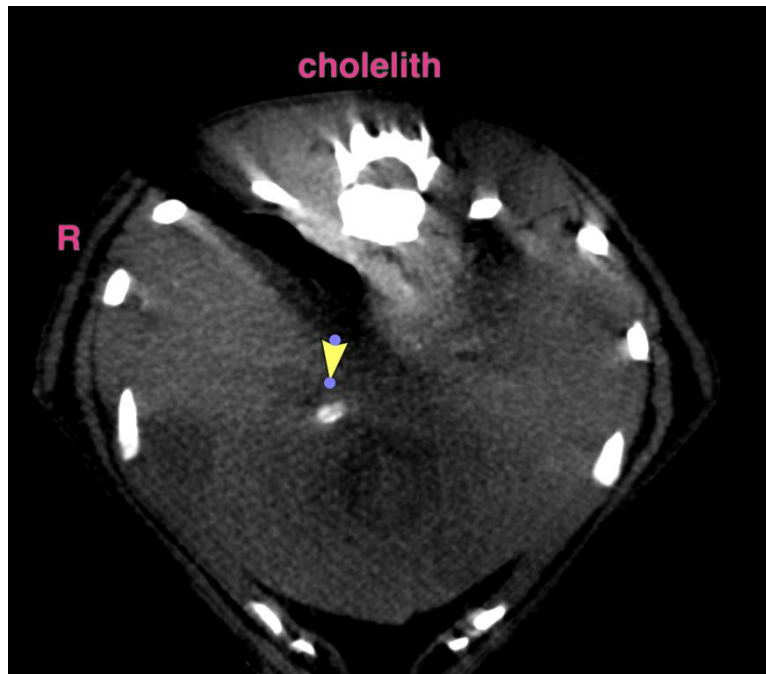
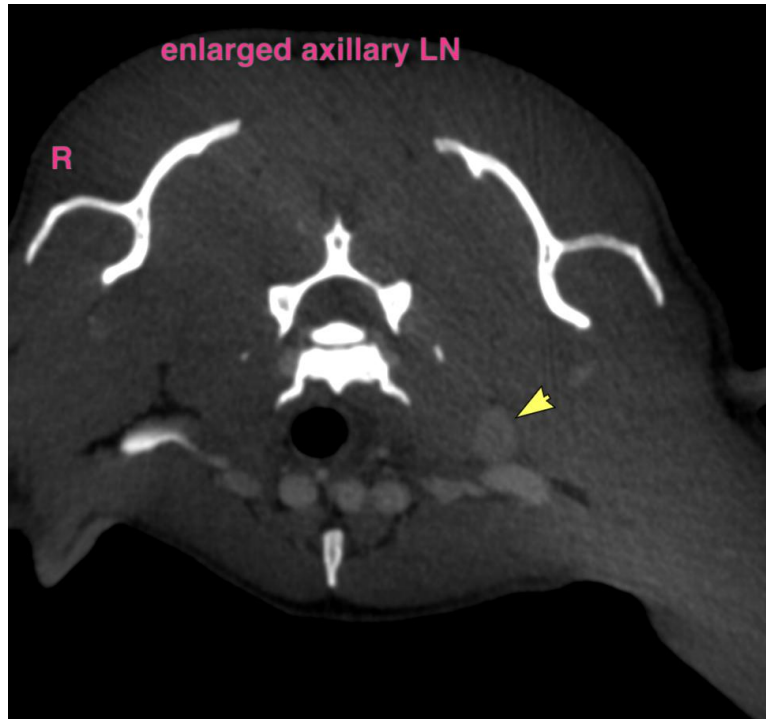
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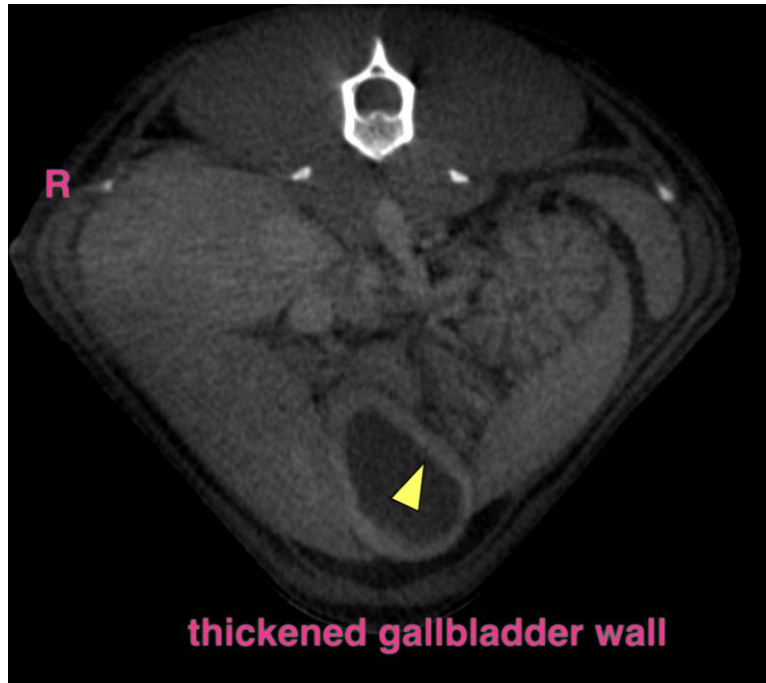
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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