



PATIENT

Gracoe DeGiusto

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7

WEIGHT

4.03

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74427

DATE

4-1-26

PRESENTING CLINICAL SIGNS

- presented for not eating and losing weight. Indiscrete mesenteric mass effect noted in cranial abdomen

Abnormal PE/Chem/CBC/UA Results: WBC 28.27

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

In the right pleural cavity, a small volume of gravity dependent fluid attenuating material is visible.

The bony and surrounding soft tissue structures are within normal limits.

The sternal & cranial mediastinal lymph nodes are moderately prominent.

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

Generalized mild smooth thickening of the bronchial walls is seen.

The caudal part of the left cranial lung lobe is consolidated with air-bronchograms and presents a significantly decreased volume. The remainder of 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

In the cranial abdomen moderate motion artefacts are appreciated.

The serosal fat in the cranial abdomen presents significant soft tissue striation, partially presenting a micronodular appearance. Multifocal along the surface of the abdominal organs, fine nodular thickening of the serosal lining is appreciated.

The peritoneal soft tissue striation and motion artefacts are partially effacing the pancreas.

The right kidney presents concave depression of the renal surface. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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. Post contrast administration throughout the splenic parenchyma, multiple well-defined hypoaattenuating areas are appreciated. The liver has a homogeneous contrast enhancement pattern.

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.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Peritonitis and multiple micronodular lesions throughout the peritoneal cavity and serosal lining of the abdominal organs
- Lymphadenopathy sternal and cranial mediastinal lymph nodes
- Splenic infarction
- Right sided chronic renal infarction
- Bronchial lung pattern
- Resorption atelectasis caudal part left cranial lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the peritoneal cavity are equivocal for (granulomatous) peritonitis versus primary peritoneal neoplastic infiltration (e.g. carcinomatosis). No further clinically significant abnormalities are found in the abdominal organs. FNA sampling of the prominent sternal lymph nodes can be used as minimally invasive diagnostic tool. Diagnostic celiotomy may be beneficial for full assessment and sampling of the peritoneal lesions.





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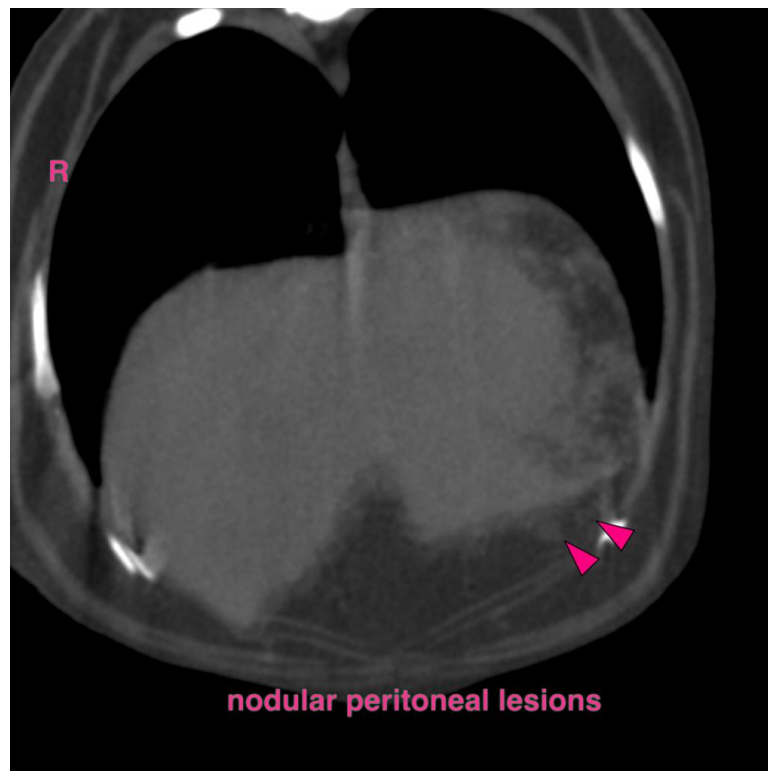
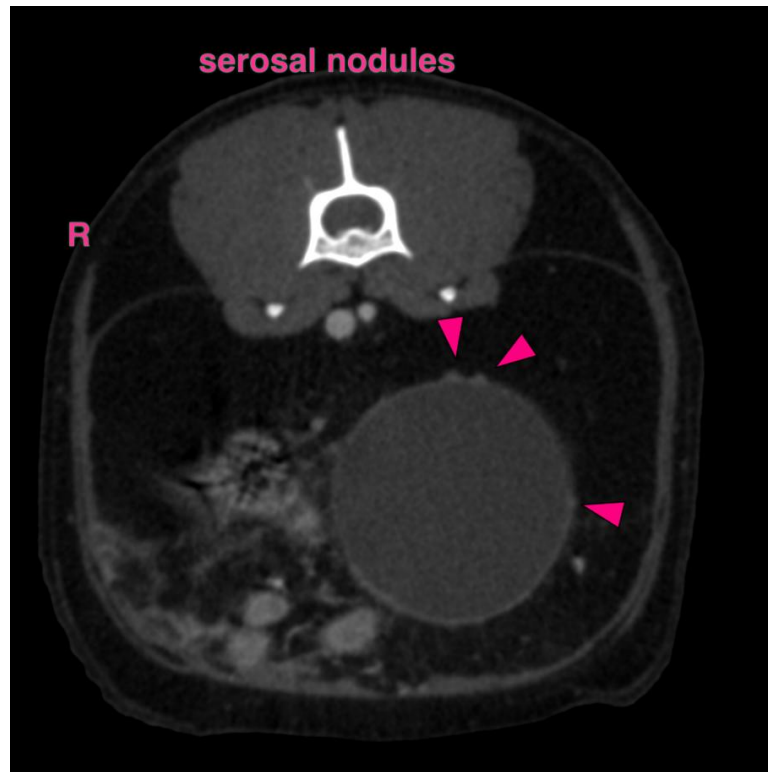
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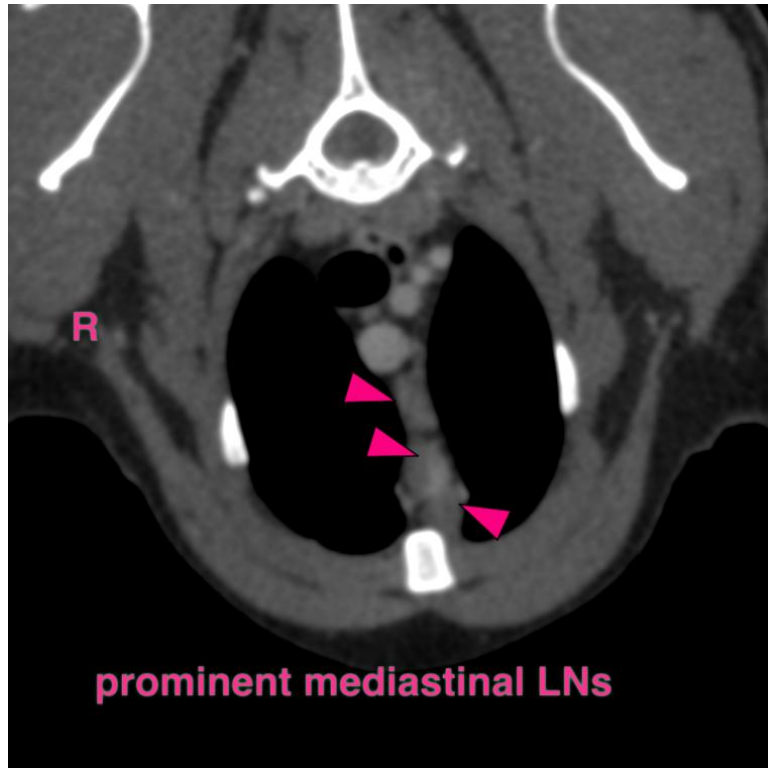
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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