



PATIENT

Jasmine Leach

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11Y, 9M

WEIGHT

5.7lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Bailey and Lacey

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay,
DVM

INVOICE

74582

DATE

4-14-26

PRESENTING CLINICAL SIGNS

Patient went to our local emergency and referral center for potential surgical consult following abdominal CT Oct 2025. At the time owner elected to wait on surgery and recheck CT scan in a few months. If the owner elected to wait the e-clinic strongly encouraged head, neck, thorax, and abdominal CT scans with contrast for staging.

Abnormal PE/Chem/CBC/UA Results: Chol 310 mg/dL.

COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

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

Skull & Neck

Triadan 307 and 407 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Nodular enlargement of thyroid gland bilaterally is appreciated, measuring 5 mm in diameter and

Thorax

Mild step formation is appreciated between T11/T12, and the respective vertebral endplates present moderate spondylosis formation.

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.

Generalized mild to moderate smooth thickening of the bronchial walls is appreciated. Multiple peripheral bronchial segments are obliterated by post contrast hypoattenuating material that is demarcated by a thickened bronchial wall - resulting in a tree-in-bud pattern. The pulmonary parenchyma surrounding the consolidated bronchial segments presents a mild ground glass attenuation pattern.

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.



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Abdomen

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

Mineral attenuating material is associated with the renal pelvis bilaterally. Multiple well-defined, renal parenchymal filling defects are appreciated throughout the renal parenchyma. The renal pelvis of the left kidney is dilated, measuring up to 4 mm. After contrast administration, a bilaterally symmetric and uniform nephrogram 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 and homogeneous contrast enhancement, unremarkable.

In the caudoventral aspect of the left medial liver lobe, an irregular shaped, pre- and post-contrast hypoattenuating mass is seen – protruding beyond the hepatic surface and presenting a fine reticular contrast enhancement pattern. The hepatic hypoattenuating mass is measuring 5.7 x 4.5 x 3.9 cm – the mass is protruding to the right along the caudal surface of the gallbladder. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing. The pancreas and duodenum are deviated dorsally by the mass effect.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement. The pancreatic duct is dilated, measuring up to 2.5 mm in diameter-

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

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. The subchondral bone of the vertebral endplates L7/S1 presents a moderate sclerosis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multicameral left divisional hepatic soft tissue mass – increased in size
- Bronchial lung pattern along with a tree-in-bud pattern
- Nephrolithiasis without mechanical obstruction
- Left sided pyelectasis
- Mild nodular enlargement thyroid gland bilaterally
- Absent triadan 307 and 407
- Dilated pancreatic duct without mechanical obstruction – age related finding

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass has a cystic character and can present benign hepatic cystadenoma, biliary cystadenoma or malignant hepatic neoplasia such as biliary cystadenocarcinoma or hepatocellular carcinoma. Complete surgical excision of the hepatic mass is considered feasible.

The bronchial lung pattern is highly suggestive for feline bronchial disease and secondary bronchial plugging causing the tree-in-bud pattern. In few cases the bronchial pattern can be caused by bronchogenic carcinoma.

The nodular enlargement of the thyroid glands is indicative for (non)functional thyroid adenoma formation.



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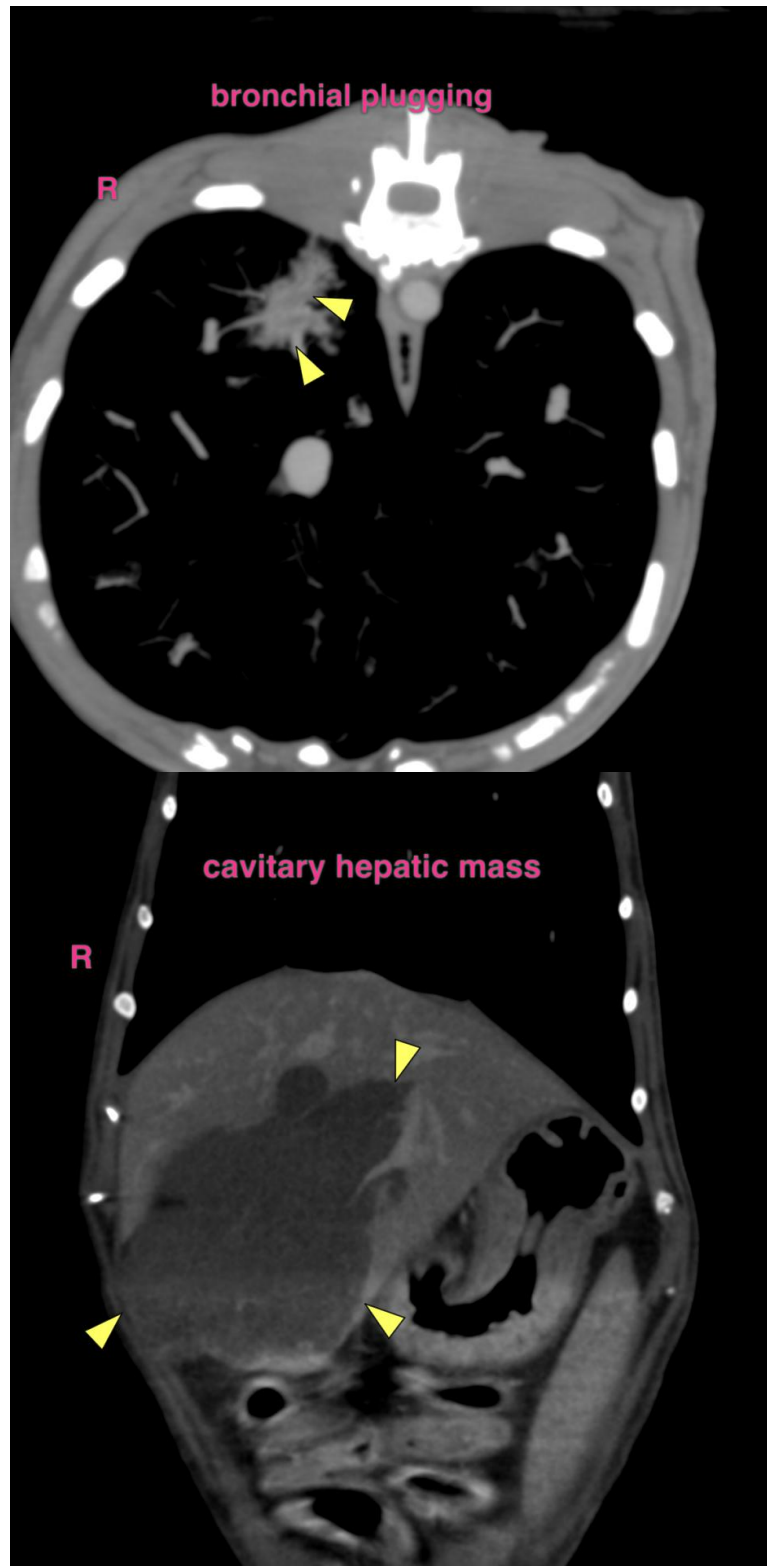
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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