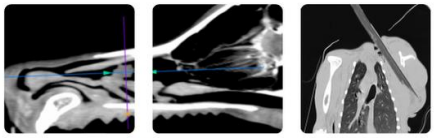


PATIENT

Chester Pollinger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15Y

WEIGHT

12.3lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

JC

HOSPITAL NAME

Aloha Pet & Bird Hospital

REFERRING VET

Dr. Pepen

INVOICE

74747

DATE

4-21-26

PRESENTING CLINICAL SIGNS

QAR, lethargic. Marked purulent nasal discharge bilaterally. referred upper respiratory sounds on auscultation. cardiac wnl. slightly tense on cranial abdominal palpation. _
Respiratory infection, waxing/waning fever - open r/o herpesvirus, mycoplasma, chlamydia,other
Pancreatitis
Anorexia
Lethargy, dehydration_

COMPUTED TOMOGRAPHY OF THE SKULL, 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

Multiple teeth are absent. A retained fragment of the root of triadan 204 is appreciated in the alveolar crest – presenting advanced resorptive lesions.

A moderate amount of soft tissue attenuating material is attached to the nasal conchal structures. Level with the nasopharyngeal tonsils, a broad based soft tissue attenuating lesion is bulging into the nasopharyngeal lumen; measuring 4 x 4 x 4 mm.

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

A very small amount of soft tissue attenuating material is appreciated in the left tympanic bulla. 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.

Multinodular enlargement of the thyroid gland bilaterally is appreciated.

Thorax

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

The sternal lymph nodes are prominent.

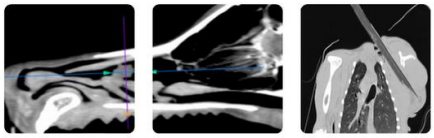
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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 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



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The peritoneal fat presents generalized soft tissue striation and multiple variable sized and shaped soft tissue attenuating nodules are seen throughout the peritoneal cavity – most accentuated in the region of the

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.

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.

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

In the region of the cecum, an ill-defined, uniform soft tissue attenuating and contrast enhancing roundish mass is seen; measuring approximately 3.1 x 2.4 x 2.0 cm.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass region of the cecum
- Multiple peritoneal soft tissue nodules
- Mild peritoneal effusion
- Lymphadenopathy sternal lymph nodes
- Rhinitis
- Soft tissue swelling region of the nasopharyngeal tonsils
- Multinodular enlargement thyroid gland bilaterally – suggestive for (non)functional adenoma versus carcinoma
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the abdominal mass – most likely originating from the cecum – compatible with primary soft tissue neoplasia. Along with the peritoneal nodules underlying adenocarcinoma and carcinomatosis are most likely. The odds for metastatic spread to the sternal and cranial mediastinal lymph nodes are high. Ultrasound guided FNA sampling of the abdominal mass can be used for confirmation. Due to the peritoneal metastatic spread, surgical management is not feasible.

Rhinitis in feline patients is commonly primary viral ± bacterial or unlikely here mycotic superinfection. The prominent nasopharyngeal tonsils can indicate reactive lymphoid hyperplasia. In chronic cases of rhinosinusitis, clinical signs are prone to reoccur.

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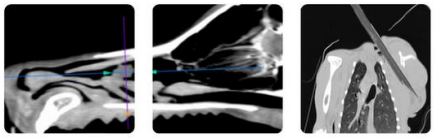

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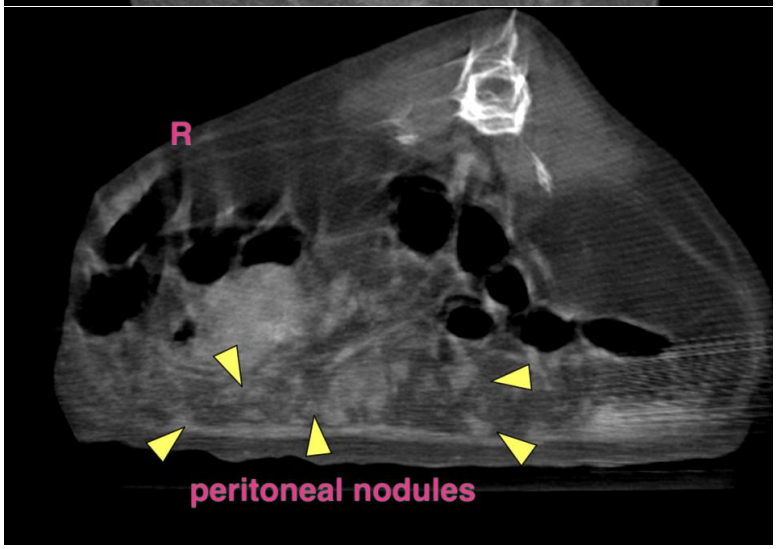

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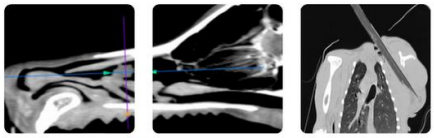

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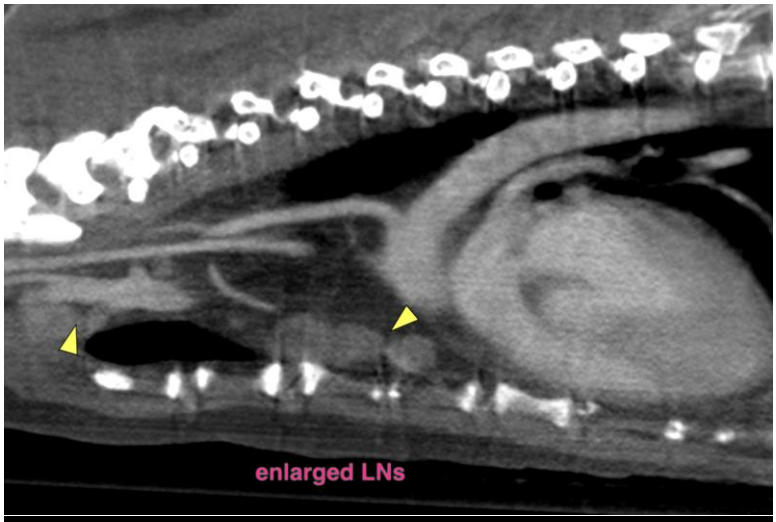

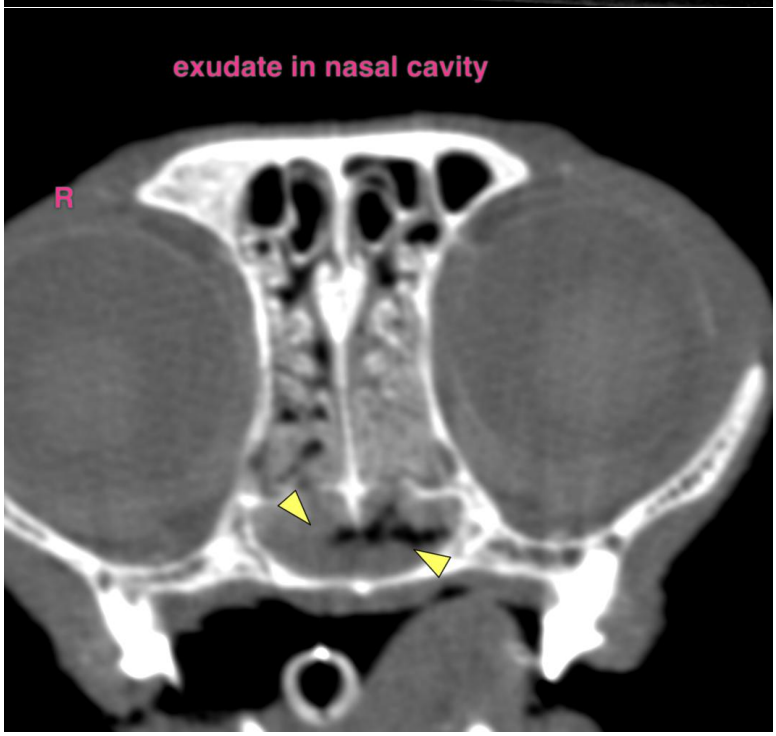

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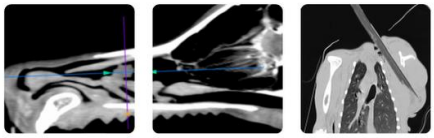

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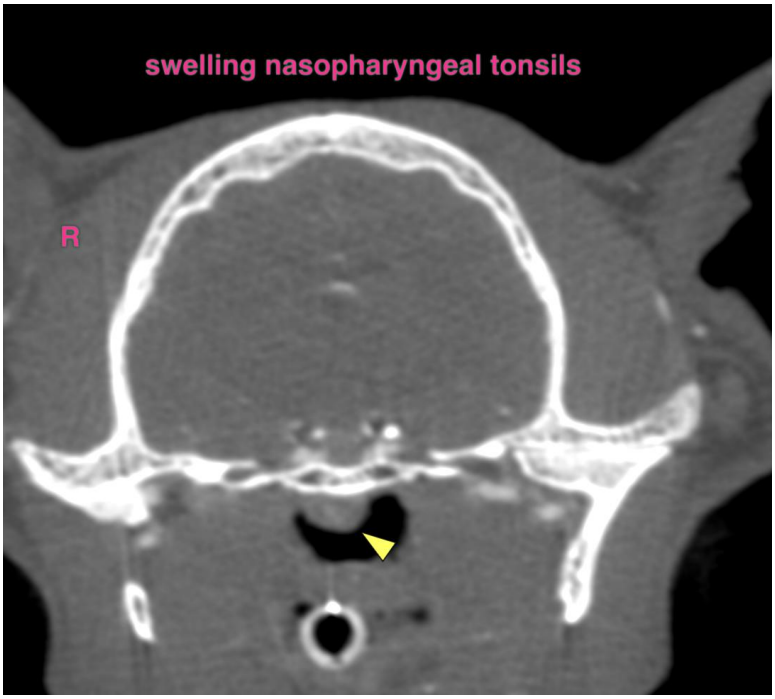

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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