



PATIENT

Gizmo Vanleent

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Beconnen VC

REFERRING VET

Dr. Eamon

INVOICE

36805

DATE

4/26/26

PRESENTING CLINICAL SIGNS

History: vomiting, incidental mass noted on ultrasound
Abnormal PE/Chem/CBC/UA Results: cbc/chem w/

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

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

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.

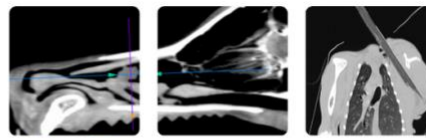
Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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.

At the medial aspect of the cranial segment of the descending colon, an irregular ovoid shaped, central hypoattenuating and peripheral contrast enhancing nodule is visible, measuring 2.6 x 1.6 x 2.4 cm.



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The bony and surrounding soft tissue structures reveal no abnormalities.

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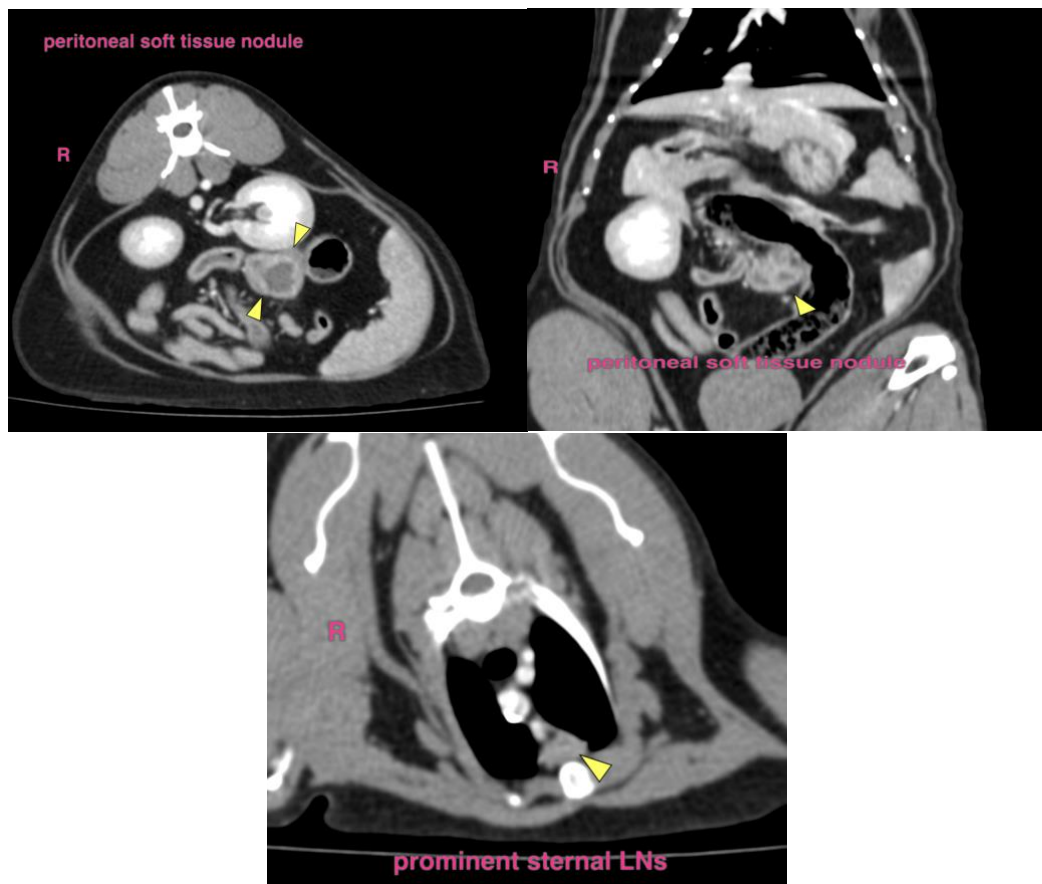
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Likely cavitated peritoneal soft tissue mass medial aspect cranial segment of the descending colon
- Lymphadenopathy sternal lymph nodes
- No evidence of pulmonary metastatic disease

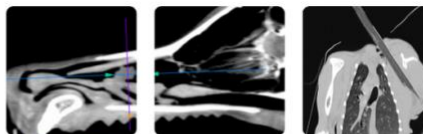
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An organ of origin for the peritoneal soft tissue mass cannot be specified – potentials include an enlarged lymph node (e.g. abscess, lymphoma, lymphocele/lymphangiectasis), neoplasia (e.g. carcinoma) or granuloma. Surgical excision of the peritoneal mass appears feasible.

The odds for reactive lymphoid hyperplasia of the sternal lymph nodes are high – ultrasound guided FNA sampling can be tried to rule out malignant infiltration.



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, DVM, Dr. med. vet. DipECVDI

info@sonopath.com