



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Miss Kitty Krafjack **PRESENTING CLINICAL SIGNS** History: Presented for an increased respiratory effort starting several months ago. Echo showed mild asymmetric septal hypertrophy. Owner reports normal appetite with some mild weight loss. Hx of periodontal disease.

**SPECIES** Feline  
Abnormal PE/Chem/CBC/UA Results: Normal blood Grade 2/6 murmur

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN**

**BREED** DSH  
A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX Skull**

Spayed Female  
The tooth element 401 is absent.

**AGE** 14 Years  
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.

**INTERPRETED BY** Sebastian Schaub, DVM Dr. med. vet. DipECVDI  
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.

**HOSPITAL NAME** Northeast VRH  
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.

**REFERRING VET** Dr. Runde  
Moderate enlargement of the right thyroid gland is seen, measuring up to 4.4 mm in diameter and 15 mm in length.

**Thorax**

**INVOICE** 14608  
The intervertebral disc spaces T9/T10 and T10/T11 are moderately narrowed, and the subchondral bone of the respective vertebral endplates presents mild to moderate sclerosis. Multifocal mild spondylosis formation is seen along the thoracic spine.

**DATE**

4/6/22



**PATIENT** Miss Kitty Kraffack 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.

**SPECIES**

Feline 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.

**BREED**

DSH Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**SEX**

**Abdomen**

Spayed Female The cranial thorax presents with moderate motion artefacts.

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

**AGE**

14 Years 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.

**INTERPRETED BY**

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

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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

**HOSPITAL NAME**

Multifocal throughout the hepatic parenchyma, post contrast well-defined, roundish to multilobulated hypoattenuating lesion of variable size – measuring up to 1.7 cm – are appreciated.

Northeast VRH

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

**REFERRING VET**

Post contrast administration, the outer layer of the small intestinal loops is moderately prominent.

Dr. Runde

The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Multiple hypoattenuating parenchymal lesions throughout all liver lobes
- Nodular enlargement right thyroid gland
- Generalized mural thickening of the outer layer (muscular layer) of the small intestinal loops
- Chronic discopathy T9/T10 & T10/T11

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**PATIENT**

Miss Kitty Krafjack

- Absent triadan 401
- Spondylosis deformans
- Normal upper airways

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

The hypoattenuating hepatic lesions are most consistent hepatic cysts/feline polycystic liver disease – would be an incidental finding. Differentials include hepatic/biliary cystadenoma, cholangiocellular carcinoma, hemangioma, metastasis. Ultrasound can be used to confirm benign hepatic cysts and will allow FNA sampling if applicable.

**BREED**

DSH

The nodular enlargement of the right thyroid gland is compatible with (non)functional thyroid adenoma – if not done so yet, recommend complementing blood work by T4 value. The mural thickening of the muscular layer of the small intestinal loops can be a sequela to chronic inflammation (e.g., lymphocytic plasmocytic, eosinophilic), hyperthyroidism or neoplastic invasion.

**SEX**

Spayed Female

Due to the lack of clinical signs, the relevance of the finding is unclear. No abnormalities of the upper and lower airways are appreciated, explaining the increased respiratory effort. There are no signs for inflammatory upper or lower airway disease – but this does not rule out potential feline bronchial disease ('feline asthma') entirely.

**AGE**

14 Years

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

Northeast VRH



**REFERRING VET**

Dr. Runde

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**PATIENT**

Miss Kitty Krafjack

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Runde

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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.

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