



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Pusya Jurbas
SPECIES Feline
BREED DLH
SEX Spayed Female
AGE 13 Years

History: Right radical mastectomy and right inguinal lymph node removal was performed on April 1, 2020. Histopathology consistent with a grade 3 and grade 1 mammary adenocarcinomas with lymph node metastasis. Received 4 doses of doxorubicin. Restaging September 2020 with CT noted enlarged abdominal lymph node and Palladia was started. Pulmonary nodule and sternal lymphadenomegaly noted on thoracic rads August 2021 - palladia continued. Palladia discontinued October 2021 after being hospitalized for azotemia. New masses noted by owner in right axillary area about 3 weeks ago.
 Abnormal PE/Chem/CBC/UA Results: 1.5 cm bilobed mass in right axillary region Chemistry: BUN 15.3, Chol 6.75

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multifocal mild spondylolysis formation is seen along the caudal thoracic spine.

The subcutaneous tissue at the left caudodorsal aspect of the neck presents granular mineralization. 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 right axillary lymph node is significantly enlarged and rounded, presenting a mild heterogeneous contrast enhancement pattern.

Ventral to the superficial pectoral muscle, approximately level with the 3rd & 4th right rib, an ill-defined plaque like multilobulated small mass is seen, merging with the right superficial pectoral muscle; measuring 12 x 3 x 8 mm in size.

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

Generalized mild smooth thickening of the bronchial walls is appreciated.

In the cranial and in the ventral aspect of the right cranial lung lobe and in the lateral aspect of the left caudal lung lobe, level with the 7th left rib, an irregular nodular soft tissue attenuating nodular lesion with mild feathered margins are visible, measuring up to 5 mm in size are appreciated. All ill-defined nodular pulmonary lesions show central punctuate mineralization.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

HOSPITAL NAME

Animal Health
 Partners

REFERRING VET

Jerome Gagnon,
 DVM, DACVIM,
 (Oncology)

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

Pusya Jurbas

Abdomen

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

Feline The volume of the right kidney is mild to moderately decreased. After contrast administration a bilaterally symmetric and uniform nephrogram is noted.

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

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

SEX The quadrate liver lobe presents with an irregular marginated, parenchymal filling defect measuring 5 mm in size. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

Spayed Female

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

13 Years

The mesenteric lymph nodes are within normal limits.

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

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DipECVDI

In the subcutaneous tissue at the left caudoventral abdominal wall, a well-defined, ovoid shaped nodule, measuring 4 x 3 x 8 mm in size is appreciated.

HOSPITAL NAME **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Animal Health
Partners

- History of mastectomy
- Lymphadenopathy right axillary lymph node
- Small plaque like multiloculated mass ventral aspect right superficial pectoral muscle
- Structured nodular interstitial lung pattern with dystrophic mineralization
- Small subcutaneous nodule level with caudoventral abdominal wall – granuloma vs. metastasis vs. mild prominent left inguinal lymph node
- Chronic nephropathy right kidney
- Bronchial lung pattern
- Dystrophic subcutaneous mineralization left caudodorsal aspect of the neck versus calcinosis cutis
- Solitary hepatic cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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PATIENT The right plaque like axillary mass and the enlarged right axillary lymph node are in combination with the history of mammary adenocarcinoma are most consistent with metastatic disease.

Pusya Jurbas

SPECIES The nodular pulmonary lesions are equivocal for pulmonary metastatic disease, less likely primary pulmonary neoplasia (such as bronchogenic carcinoma) or inflammatory disease (focal mucus impaction with broncholithiasis or granuloma). The first differential is supported by the history and the latter differential would be supported by the bronchial lung pattern, suggestive for feline bronchial disease. Ultrasound guided FNA sampling of the nodular lesion in the periphery of the left caudal lung lobe might be considered as advanced diagnostic tool.

Feline

BREED

DLH

SEX

Spayed Female

AGE

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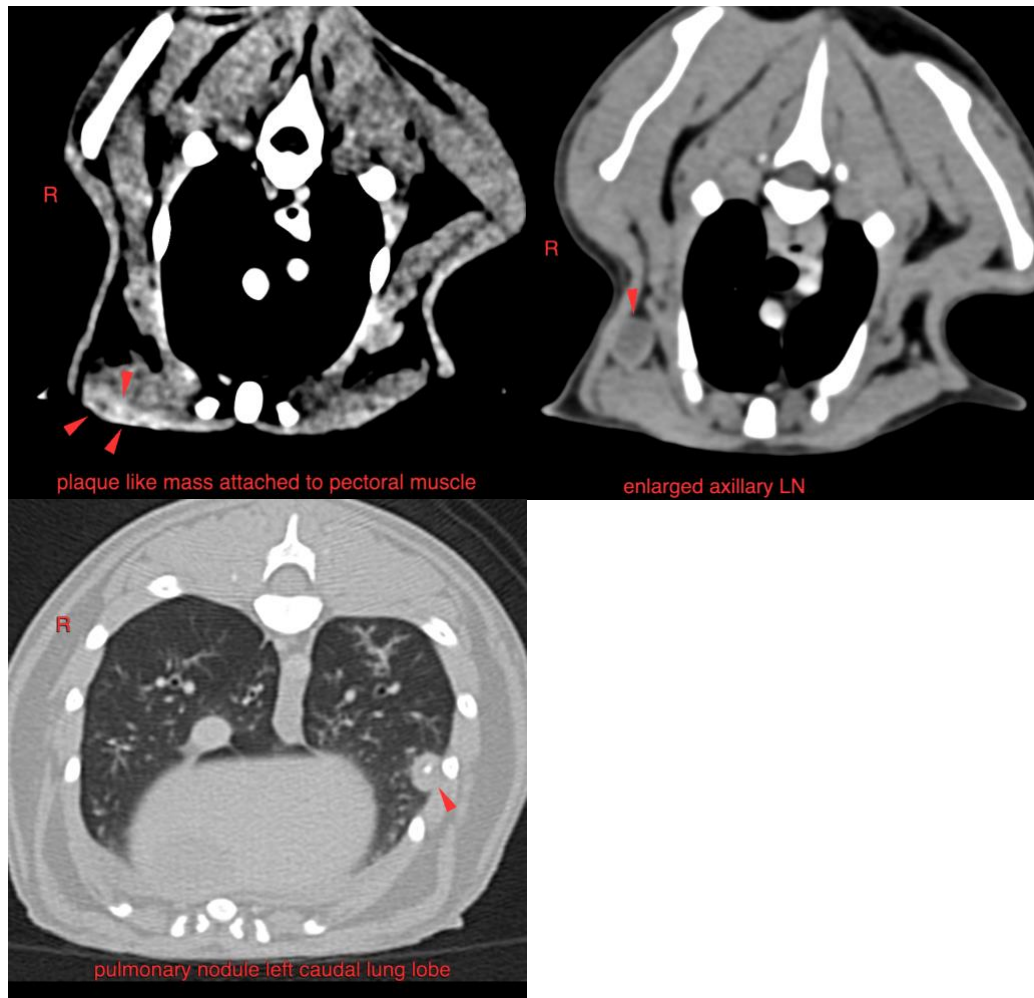
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plaque like mass attached to pectoral muscle

enlarged axillary LN

pulmonary nodule left caudal lung lobe

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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.



PATIENT 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.

Pusya Jurbas

SPECIES

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