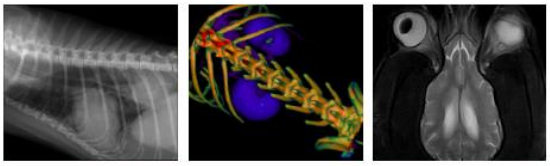

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1-800-838-4268 info@sonopath.com

PATIENT

Buddy Chudoba

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

5 Years 5 Months

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Neel VH

REFERRING VET

Dr. Ellen Domnick

INVOICE

22974

DATE

6/16/23

PRESENTING CLINICAL SIGNS

History: Pt initially presented June 10th 2023 as a referral for abdominal ultrasound due to a 3 week history of lethargy, vomiting, and inappetence. Pt presented again on the 14th for continued symptoms. Pt was hospitalized. Blood work, Radiographs, and another abdominal ultrasound were performed. (CONCLUSIONS: 1. Persistent gastric foreign material. 2. Rounded heterogeneous cranial abdominal structure; given the localization pancreatic origin is considered (e.g. neoplasia, abscess, cyst, granuloma). Other etiologies cannot be excluded. There is marked pancreatitis and cranial abdominal steatitis, as well as regional lymphadenopathy. Mild extrahepatic biliary dilation is present likely secondary to regional inflammation. 3. Persistent caudal thoracic rounded soft tissue opacity; a hiatal, paraesophageal, or diaphragmatic hernia remains prioritized with other etiologies such as a caudal mediastinal neoplasm or abscess not excluded but thought relatively less likely. 4. Persistent mild peritoneal effusion.) See attachments for Ultrasound reports, signal ray radiology reports, bloodwork, and previous rDVM records.

Abnormal PE/Chem/CBC/UA Results: June 15th 2023 blood work Neutophils 14.97K/uL Lymphocytes 0.91K/uL Eosinaphils 0.15K/uL Globulin 5.7g/dL ALP 117U/L

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

The sternal lymph nodes are mildly enlarged.

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

The bronchial walls are generalized mildly thickened.

The lung parenchyma presents the expected architecture and attenuation behavior.

The caudal segment of the esophagus, cranial to the diaphragm, presents a significant thickened wall, extending through the esophageal hiatus, involving the cardiac and locally the fundic region of the stomach. The gastric wall in the region of the cardiac is thickened, measuring up to 22 mm in width; the wall layering of the gastric wall in the region of the cardia is lost.

The peritoneal fat in the region of the gastric fundus/cardia presents moderate fat-stranding.
The gastric and splenic lymph nodes are enlarged and rounded.

In the peritoneal cavity, a small volume of gravity dependent, fluid attenuating material is seen.

Both kidneys present within normal limits for size, shape and organ architecture.

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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.

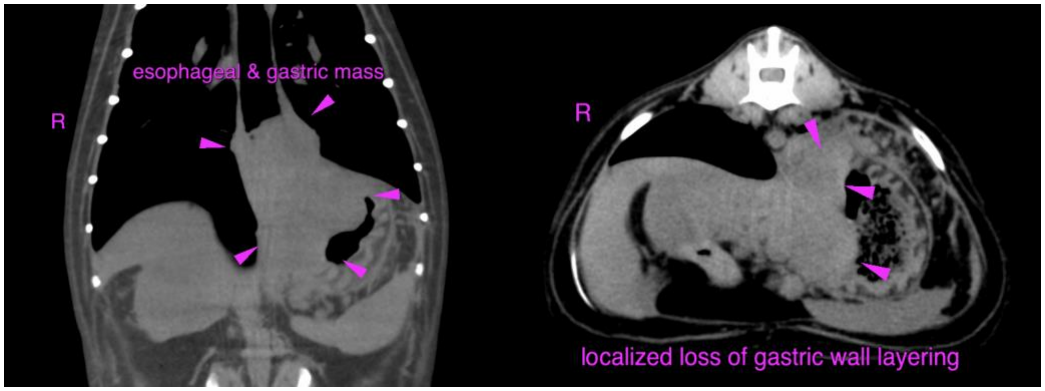
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mural esophageal and gastric mass
- Lymphadenopathy sternal, gastric and splenic lymph nodes
- Mild peritoneal effusion & peritonitis
- Bronchial lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated caudal esophageal and gastric mass are confluent and represent one entity and mural neoplasm such as lymphosarcoma or carcinoma with metastatic spread to the regional lymph nodes is the top diagnosis here. Theoretically granulomatous inflammation or Feline gastrointestinal eosinophilic sclerosing fibroplasia (I'm not aware of any report affecting the esophagus) are considerations, but the odds are low. FNA sampling/biopsy of the mural esophageal/gastric mass can be performed for further differentiation. Depending on the results of the advanced diagnostic tests, the chances of chemotherapy might be discussed with oncologist. Due to the location of the mass, surgical excision is considered not feasible.

The bronchial lung pattern is suggestive for (sub)clinical feline bronchial disease -commonly primary allergic in origin.



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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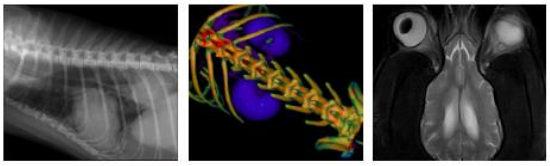

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