



PATIENT PRESENTING CLINICAL SIGNS

Pocono Mo Billyard Mass was taken off about 15 months ago. Electro-Chemo was done twice: The last electro-chemo was done in August last year and the first one last June. The mass grows back last October, the patient now seemed to be healthy aside from the mass. The owner wants to know how to manage the mass as the patient is having a good QOL. The owner doesn't want to do more surgery.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: The mass measures 4cm x 3.25cm in size, is firm and adheres to the right lateral thorax. CBC: MCHC 27.1; Eosinophils 0.13; Platelets 105 Chem: Calcium 13.2; Potassium 3.3

BREED

Domestic Shorthair

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Thorax

Male

At the right caudal thoracic wall, level with the distal third of the 8th to 12th right rib, a plaque like, ill-defined soft tissue attenuating mass with interspersed metal attenuating bodies is appreciated, measuring approximately 3.5 x 6.4 x 5.2 cm. The mass along the right caudolateral thoracic wall has feathered margins, merges with the right latissimus dorsi muscle and is in contact with the intercostal musculature level with the 8th & 9th intercostal space – presenting focal ill-defined contrast enhancement pattern in the post contrast phase. In the caudal aspect the soft tissue mass is merging with the right external oblique muscle. The 8th to 12th right rib are deviated medially by the mass effect. A second irregular shaped nodule is visible level with the most distal segment of the costal cartilage – before attaching to the sternum – of the 8th and 9th right rib, measuring 12 x 7 x 15 mm. Post contrast administration, the soft tissue masses present a heterogeneous contrast enhancement pattern.

AGE

6 Years, 1 Day

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Catskill Veterinary Services, PLLC

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.

REFERRING VET

Joseph D'Abbraccio, DVM

The lung parenchyma presents multiple thickened interstitial bands, extending from the periphery into the lung parenchyma.

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

INVOICE

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Abdomen

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

DATE

6-20-23

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.



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

Pocono Mo Billyard

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

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

Feline

The right inguinal lymph node is prominent.

BREED **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Domestic Shorthair

- History of surgical management and reoccurrence of a soft tissue mass – suspect sarcoma – right caudolateral thoracic wall with invasive growth into the local musculature
- Second soft tissue nodule adjacent to sternum
- Lymphadenopathy right inguinal lymph node
- Prominent interstitial pulmonary bands – suggestive for scarring, fibrosis or chronic preceding pneumonitis
- No evidence of pulmonary metastatic disease

SEX

Male

AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

6 Years, 1 Day

The findings are consistent with the history of reoccurrence of the excised mass – sarcoma is most likely. The mass presents local invasive growth, being confluent with the local musculature. A second small nodule is appreciated, just adjacent to the right lateral aspect of the xiphoid of the sternum.

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The prominent right inguinal lymph node is equivocal for metastatic disease versus reactive hyperplasia.

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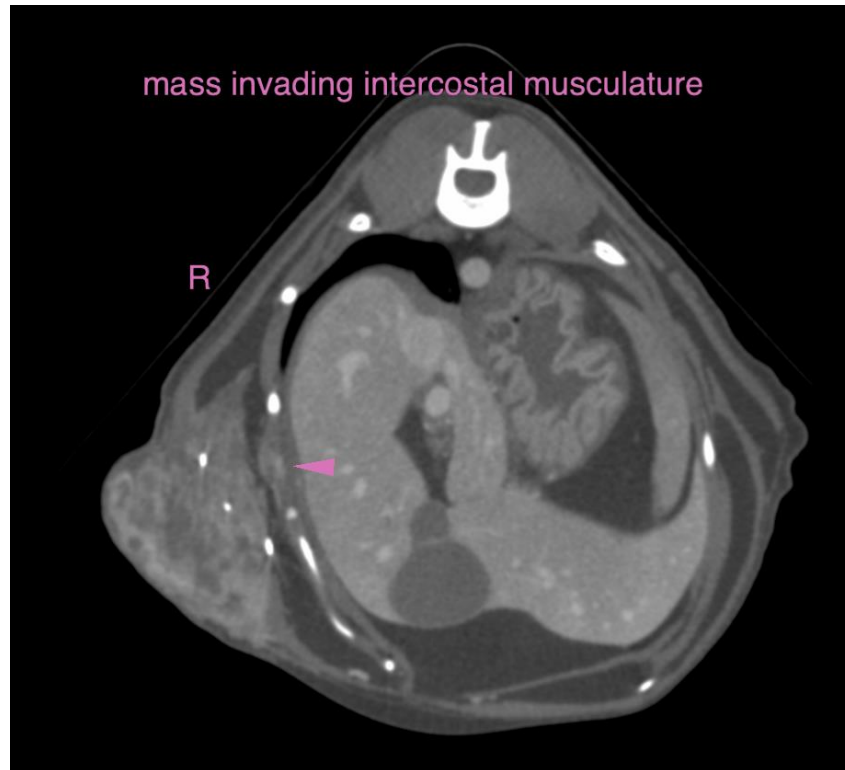
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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