



**PATIENT PRESENTING CLINICAL SIGNS**

**Biddy Tinney** History: Last week Saturday Biddy came in from being outside and was limping on her right hind limb. Sunday she was non-weight bearing on that limb and was brought to Wilvet Corvallis for evaluation. On exam she was febrile, and radiographs were taken that showed no abnormalities.

**SPECIES** Biddy was given an antibiotic and sent home to rest. Throughout the week she has progressively gotten worse. She is now weak in both hind limbs, will urinate where she is laying and only walks a few steps. She is still eating/drinking but not as ravenously as she usually does. Biddy is an indoor/outdoor cat, no known trauma and UTD on vaccines  
**Feline** Abnormal PE/Chem/CBC/UA Results:

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

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

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

**Spayed Female Thorax**

**AGE** Multifocal mild spondylosis formation is seen along the thoracic spine.

**12 Years** The cranial mediastinal lymph nodes are prominent and rounded, the attenuation and contrast enhancement pattern are uniform.

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

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

**HOSPITAL NAME** Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.  
**Wilvet Salem**

**Abdomen**

**REFERRING VET** The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.  
**Dr. Crystal Ebert, DVM**

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.

**INVOICE** The adrenal glands bilaterally are prominent, measuring up to 6.6 (R) and 12 (L) mm in diameter (normal value  $\leq 4.5$  mm).  
**16409**

**DATE**

7/1/22



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

Biddy Tinney

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

**SPECIES**

Feline

In the subcutaneous tissue of the left ventral abdominal wall, approximately level with L5, an irregular roundish uniform soft tissue attenuating and heterogenous mild contrast enhancing nodular lesion measuring 14 mm in diameter is visible.

**BREED**

The left inguinal lymph node is mildly prominent.

DLH

Cranial to the left acetabulum, an enthesophyte is appreciated. The pictured parts of both hind limbs are within normal limits.

**SEX**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Spayed Female

- Soft tissue nodule ventral abdominal wall
- Prominent adrenal glands
- Lymphadenopathy cranial mediastinal lymph nodes
- Mild lymphadenopathy left inguinal lymph node
- Enthesophyte cranial to left acetabular groove
- Spondylosis deformans

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The CT study presents no abnormality, explaining the presenting clinical signs. In case of strong clinical suspicion for underlying myelopathy, a myelographic CT study or MRI study of the spine can be used as advanced imaging modalities.

**HOSPITAL NAME**

Wilvet Salem

The subcutaneous nodular lesion at the ventral abdominal wall is suggestive for mammary tumor (e.g. carcinoma) or sarcoma. The prominent left inguinal lymph node and the enlarged cranial mediastinal lymph nodes can present reactive hyperplasia or neoplastic infiltration. Recommend (ultrasound guided) FNA sampling for further definition.

**REFERRING VET**

Dr. Crystal Ebert,  
DVM

At least the enlarged left adrenal gland is concerning for adrenal neoplastic transformation (e.g. carcinoma, adenoma, metastasis). Due to motion artefacts, evaluation is limited, and the diagnosis should be confirmed by ultrasound.

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**PATIENT**

Biddy Tinney

**SPECIES**

Feline

**BREED**

DLH

**SEX**

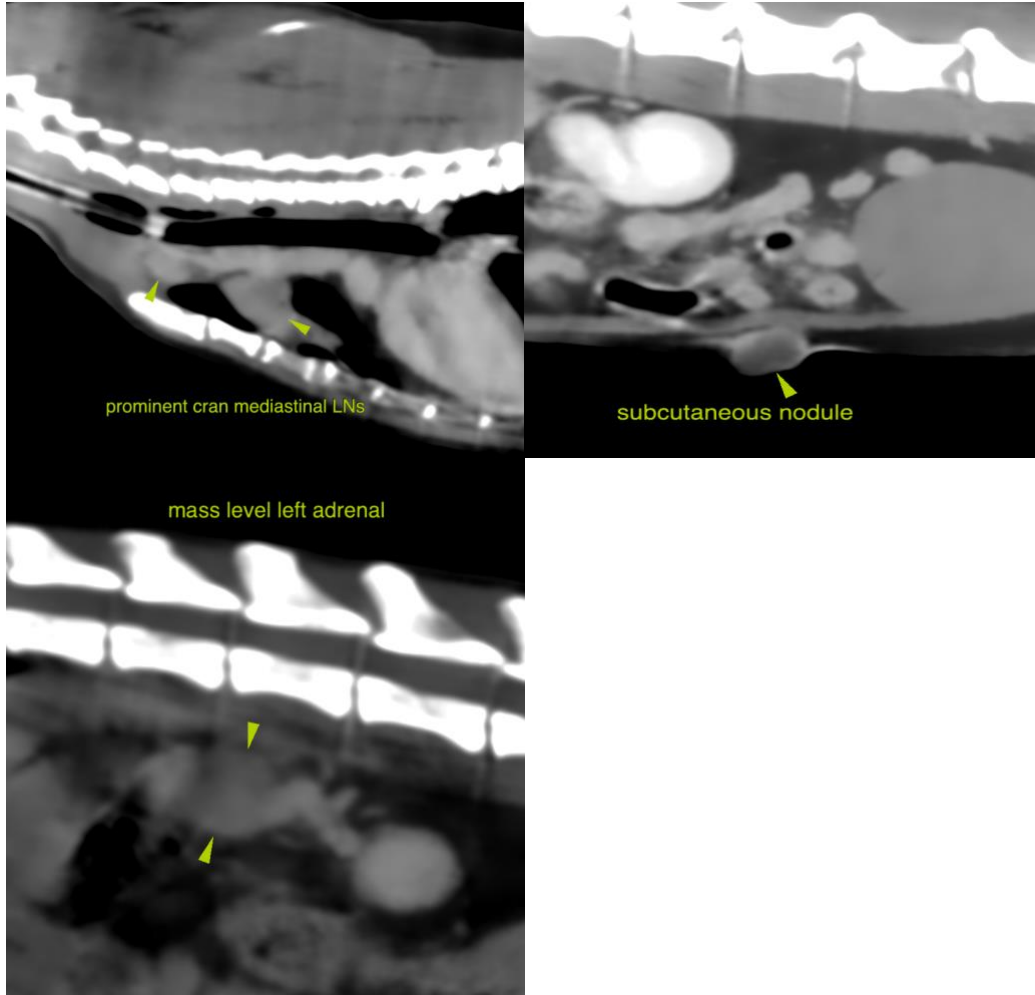
Spayed Female

**AGE**

12 Years

**INTERPRETED BY**

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**HOSPITAL NAME**

Wilvet Salem

**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.**

**REFERRING VET**

Dr. Crystal Ebert,  
DVM

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.

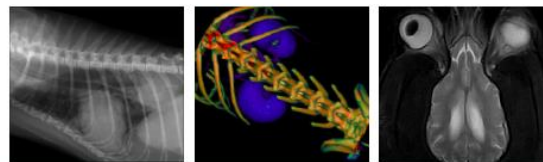
**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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**PATIENT**

Biddy Tinney

**SPECIES**

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**SEX**

Spayed Female

**AGE**

12 Years

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