



**PATIENT PRESENTING CLINICAL SIGNS**

Oliver Connelly History: Referral Patient- limping on his left front for a few weeks, does not appear to be painful on palpation or manipulation of the left limb, mass vs. muscle swelling vs nerve bundle at caudal aspect of left shoulder

**SPECIES**

Feline

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

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

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

**Thorax**

The right superficial cervical lymph node is multilobulated and prominent.

**SEX**

Neutered Male

Post contrast administration, an intracapsular swelling of the distal outpouching of the bicipital tendon sheath is noted.

**AGE**

7 Years

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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

In the cranial mediastinum, a well-defined, roundish, uniform soft tissue attenuating lesion, demarcated by a thin contrast enhancing capsule is seen, measuring 13 mm in diameter.

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

**HOSPITAL NAME**

Catskill VS, PLLC

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, but multiple zones of dystelectasis of the left cranial lung lobe.

**REFERRING VET**

Shohola VH

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

**Abdomen**

**INVOICE**

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

The volume of the right kidney is moderately decreased and the margins are irregular. The left kidney is normal in size and shape. Post contrast administration a bilateral symmetric nephron- and pyelogram is present.

**DATE**

7/13/23



**PATIENT**

Oliver Connelly The retroperitoneal fat – accentuated level with the kidneys – presents a mild soft tissue striation. The adrenal glands are within normal limits for size, shape and organ architecture.

**SPECIES**

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

Feline

The common bile duct is dilated measuring up to 3 mm in diameter.

**BREED**

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

DSH

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

**SEX**

The bony and surrounding soft tissue structures reveal no abnormalities.

Neutered Male

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**AGE**

7 Years

- Suspect swelling tendon sheath left bicipital tendon
- Right sided chronic nephropathy
- Mild retroperitoneal effusion/steatitis
- Lymphadenopathy right superficial cervical lymph node
- Cranial mediastinal cyst - incidental
- No evidence of pulmonary metastatic disease
- Dilation of the common bile duct without evidence of mechanical obstruction

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

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The CT study presents signs for filling of the tendon sheath of the left bicipital tendon – suggestive for tenosynovitis or primary pathology of the bicipital tendon. Theoretically early stage of neoplastic transformation of the joint capsule is a potential but considered less likely. Complementing workup by an ultrasound examination of the bicipital tendon is beneficial for further assessment. No masses can be appreciated in the shoulder region bilaterally.

**REFERRING VET**

Shohola VH

The prominent right superficial cervical lymph node is suggestive for mild reactive hyperplasia, FNA sampling can be performed to confirm the diagnosis.

The mild retroperitoneal effusion can be a sequela to renal disease – if not done so yet, consider complete blood work for assessment of renal function.

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**PATIENT**

Oliver Connelly

**SPECIES**

Feline

**BREED**

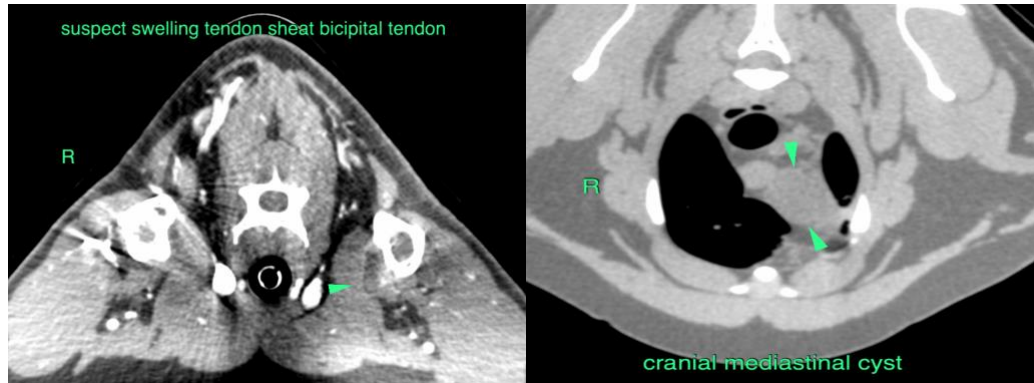
DSH

**SEX**

Neutered Male

**AGE**

7 Years



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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
info@sonopath.com

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