



PATIENT PRESENTING CLINICAL SIGNS

Vienna O'Connor P went to primary for a wellness check up on 7/6/23 due to vomiting. Radiographs were performed and nothing was seen. P's symptoms subsided for a few days, but then represented. P then went back to vet on 7/16 for an U/S and a 2 cm mass in the intestinal tract was observed. P was sent home with gabapentin, cerenia, and prednisolone for palliative care. Performed CT today to confirm mass in abdomen. P will be started on hospice care.

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

BREED

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

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

The bony and surrounding soft tissue structures are within normal limits.

FS

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

AGE

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

7 Years

Multiple bronchial segments present a mild thickened wall. In the craniodorsal aspect of the left caudal lung lobe, a tree-in-bud-pattern is noted.

INTERPRETED BY

The lung parenchyma presents the expected architecture and attenuation behavior.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

Abdomen

HOSPITAL NAME

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

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.

REFERRING VET

Dr. Longo

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

INVOICE

59488

Attached to the left lobe of the pancreas, caudal to the stomach, a uniform soft tissue attenuating, irregular roundish, peripheral contrast enhancing and central fluid attenuating mass is seen, measuring 3.8 x 2.8 x 4.1 cm. Cranially the mass is in contact with the minor curvature of the stomach. The surrounding peritoneal fat presents focal fat-stranding. The parenchyma of the left lobe of the pancreas is swollen with an undulating surface. The lienal vein coursing over the left lobe of the pancreas presents an intraluminal filling defect, extending into the portal vein.

DATE

7-19-23

The splenic lymph nodes are prominent and have an irregular contrast enhancement pattern.

Multifocal throughout the hepatic parenchyma, post contrast ill-defined peripherally contrast enhancing and central mild hypoattenuating variable sized lesions are visible. In the right lateral



PATIENT intrahepatic branch of the portal vein, a filling defect is visible.

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

SPECIES The bony and surrounding soft tissue structures reveal no abnormalities.

Feline

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitory mass left lobe of pancreas with surrounding mild peritonitis
- Mild parenchymal swelling left lobe of pancreas
- Thrombus splenic vein, portal vein and right lateral intrahepatic branch of the portal vein
- Heterogeneous contrast enhancing parenchymal hepatic lesions
- Focal tree-in-bud pattern left caudal lung lobe
- Mild bronchial lung pattern.

BREED

DSH

SEX INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FS

The cavitory pancreatic mass can present either a pancreatic pseudocyst/retention cyst due to pancreatitis or neoplastic transformation (e.g. ductal pancreatic carcinoma). Secondary thrombus of the splenic and portal vein. The enlarged splenic lymph nodes can present reactive hyperplasia or metastatic disease. If neoplasia can be confirmed, the odds for hepatic spread are high – differentials a complex hepatic cysts. Complete surgical excision of the pancreatic mass appears feasible, although it is likely complicated by adhesions with the stomach and portal vein – splenectomy might be necessary as well.

AGE

7 Years

INTERPRETED BY

The tree-in-bud-pattern is most suggestive for bronchial obliteration by inspissated inflammatory exudate.

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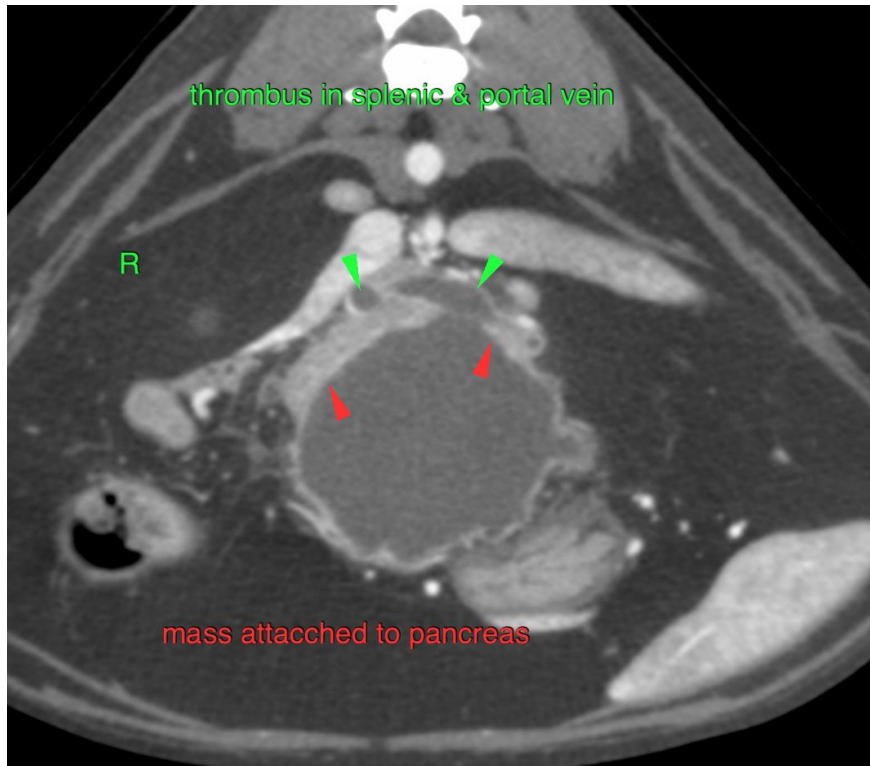
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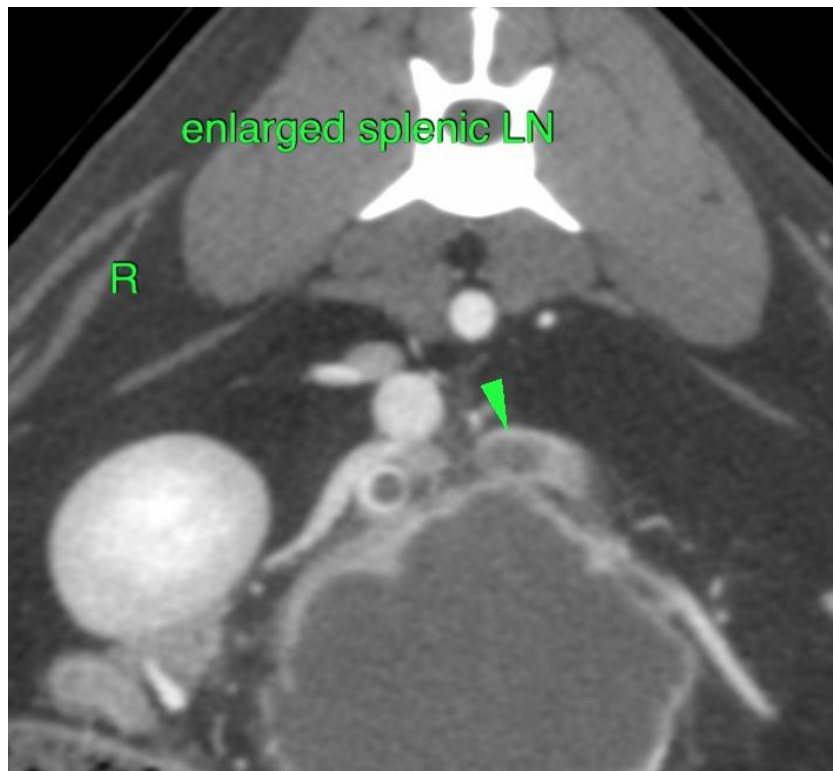
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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