



PATIENT PRESENTING CLINICAL SIGNS

Oliver (Ollie) Henry
Marmalade Campbell

History: Feline patient with weight loss, anorexia, increased ALT. Suspect R caudal lung mass on previous radiographs. Very mild HCM on recent echocardiogram (low suspicion for progression to CHF). Had scant abdominal effusion (modified transudate) 2 weeks ago. Now has marked abdominal effusion, moderate pleural effusion. Prior to CT performed abdominocentesis and removed 350 mL fluid (cytology pending) and thoracocentesis (90 mL fluid removed, cytology pending). Pleural and peritoneal effusion is low cellularity, low protein.

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Abnormal PE/Chem/CBC/UA Results: Increased ALT, mild anemia. Pleural and peritoneal effusion is low cellularity, low protein. Cytology pending. Weight loss, abdominal distension

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COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

SEX

Neutered Male

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

AGE

10-16 Years (est)

The intervertebral disc space C5/C6 is collapsed, and the respective vertebral endplates present advanced sclerosis of the subchondral bone. Multifocal mild spondylosis formation is seen along the thoracic spine.

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.

A midline shift of the heart to the right is seen.

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The right caudal lung lobe is consolidated and presents a moderately decreased volume; multifocal granular mineralization of the parenchyma of the right caudal lung lobe is seen. The aspect of the right caudal lung lobe presents with rounded margins and the bronchi of the caudal aspect of the right caudal lung lobe are obliterated. Post contrast administration, a heterogeneous contrast enhancement pattern of the caudal segment of the right caudal lung lobe is appreciated. The right middle lung lobe is extending far caudally, dorsal to the right caudal lung lobe.

REFERRING VET

Dr. Ashley Gold

Multifocal throughout the remaining lung lobes, irregular marginated, regions of consolidation of the lung parenchyma are seen, measuring up to 6 mm in size.

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Generalized moderate thickening of the bronchial walls is seen. Multiple thickened interstitial bands are extending from the periphery into the parenchyma of multiple lung lobes.

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

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Abdomen

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In the caudoventral aspect of the left lateral liver lobes an irregular marginated, post contrast heterogeneous hypoattenuating intraparenchymal mass is seen, measuring 1.5 cm in size.

Multiple anomalous vessels are originating from the splenic vein of the caudal extremity of the spleen, coursing dorsally and draining into the left renal vein.

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.

INTERPRETED BY

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DipECVDP

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

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Hilar hepatic soft tissue mass with obstruction of the biliary tree
- Hepatic mass left lateral liver lobe
- Tumor thrombus formation and complete segmental obliteration of the caudal vena cava and portal vein level with the hepatic hilus
- Moderate peritoneal effusion
- Consolidated right caudal lung lobe with decreased volume and possible intraparenchymal mass with dystrophic mineralization
- Multiple consolidated regions of the lung parenchyma
- Bronchial lung pattern and thickened interstitial pulmonary bands

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are suggestive with disseminated neoplastic disease with a hepatic hilar mass causing obstruction of the biliary system & venous hilar vessels – explaining the peritoneal effusion – a mass

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in the left lateral liver lobe and likely pulmonary neoplastic disease. Carcinomatosis is considered as the top differential here. FNA sampling of the hepatic hilar mass ± suspected pulmonary mass of the right caudal lung lobe can be used to confirm the diagnosis. Unfortunately, there are no feasible curative treatment options. The prognosis is considered very poor to infaust.

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The bronchial pattern and the consolidated right caudal lung lobe with the significant decreased volume are likely a sequela to feline bronchial disease and would also explain the consolidated right caudal lung lobe.

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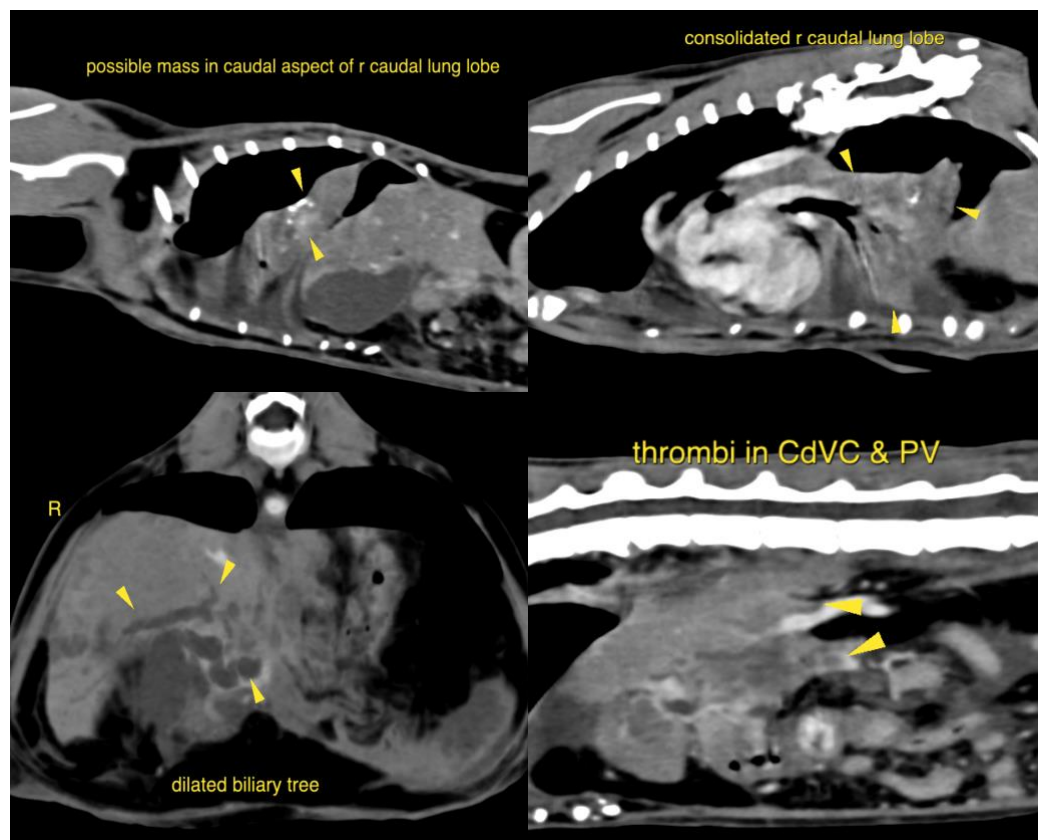
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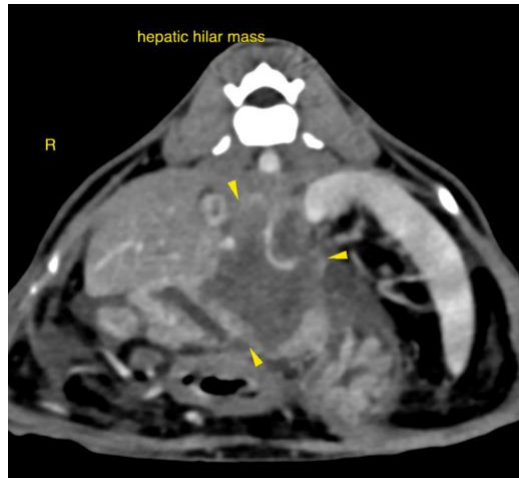
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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