



PATIENT PRESENTING CLINICAL SIGNS

Santana Blue History: P presented for exophthalmos of left eye acute onset getting worse. feels hard.
Taylor/Boms Abnormal PE/Chem/CBC/UA Results:

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

DSH **Skull:**

Multiple teeth are absent.

SEX Moderate destruction of the nasal conchal and turbinate structures is present. There is generalized moderate thickening of the nasal mucosal lining.

Spayed Female

AGE The volume of the left ocular bulb is moderately increased and the left bulb is mildly elongated, measuring The left ocular bulb presents a thin V-shaped membrane – tip level with the head of the optic nerve – and the wide ending is caudal to the lens. The choroidea is irregular prominent. A periocular ill-defined swelling is noted. The left ocular bulb is in a rostral position.

7 Years

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

Both tympanic are filled with peripheral contrast enhancing soft tissue material. The osseous lining of both tympanic bullae presents moth eaten osteolytic lesions. The external ear canals are within normal limits.

HOSPITAL NAME

Animal EH Volusia

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

REFERRING VET

Dr. Johnson

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax:

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

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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.

DATE

8/14/21



PATIENT

Santana Blue
Taylor/Boms

The cardiovascular structures including the pulmonary vasculature are within normal limits. Multiple bronchial segments present a mild thickening of the wall.

The right middle lung lobe is consolidated and presents a moderately to markedly reduced volume with air-bronchograms. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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Feline

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

BREED

Abdomen:

DSH

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

SEX

Spayed Female

The volume of the right kidney is moderately decreased and the margins are mildly irregular. A mild to moderate amount of mineralized material is associated with the renal pelvis bilaterally. Post contrast administration, the contrast enhancement pattern is mildly irregular presenting multiple mild hypoattenuating wedge shape parenchymal regions.

AGE

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

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

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

The distal third of the descending colon presents an eccentric mural mass of the wall, measuring approximately 24 x 9.1 x 28 mm in size. Level with the ileocolic junction, a circumferential thickening of the wall is seen, measuring up to 7.5 mm in width. Post contrast administration the contrast enhancement pattern of the affected segments of the colon/ileocolic junction present a heterogeneous contrast enhancement pattern. The colonic lymph nodes are prominent and rounded, uniform soft tissue attenuating and contrast enhancing.

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The bony and surrounding soft tissue structures reveal no abnormalities.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mural mass of the descending colon and the ileocolic junction
- Lymphadenopathy colonic lymph nodes
- Left sided buphthalmos, retinal detachment, thickened choroidea
- Destructive rhinitis
- Bilateral chronic otitis media with osteolysis of the osseous lining

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PATIENT

Santana Blue
Taylor/Boms

- Bilateral chronic nephropathy, R>>L, with evidence of renal infarction
- Bilateral nephrolithiasis without evidence of obstruction
- Mild bronchial pattern
- Consolidated right middle lung lobe
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In summary the findings are concerning for disseminated lymphosarcoma with involving the left ocular bulb – suspect glaucoma, with secondary retinal detachment –, mural mass lesions of the ileocolic junction and descending colon and colonic lymph nodes. FNA sampling of the mural masses of the colon, colonic lymph nodes and measuring the intraocular pressure of the OS are mandatory to confirm the diagnosis.

The nasal findings are consistent with chronic destructive rhinitis. The causative agent is most likely primary viral with bacterial superinfection. Even though unlikely there is a small chance of emerging fungal (cryptococcal) superinfection. The chronic otitis media is likely a sequela to upper airway infection due to ascending infection by the auditory tube.

The consolidated right middle lung lobe in conjunction with the mild bronchial pattern is compatible with mild inflammatory lower airway disease.



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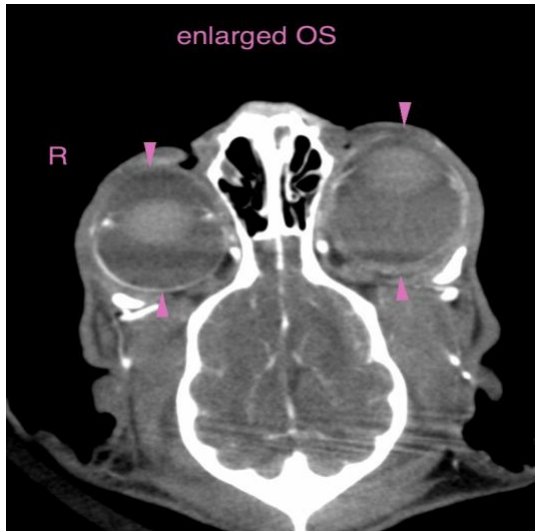
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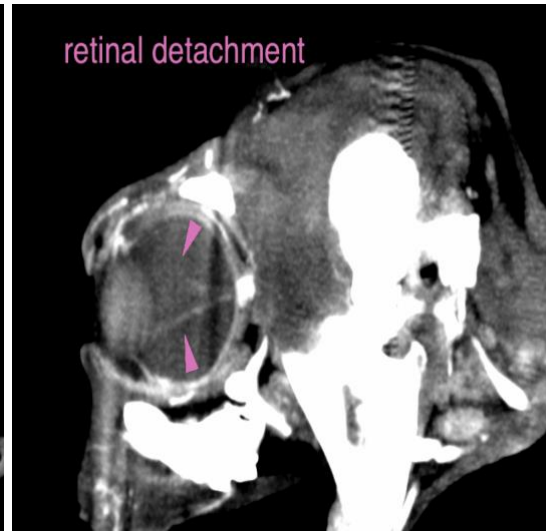
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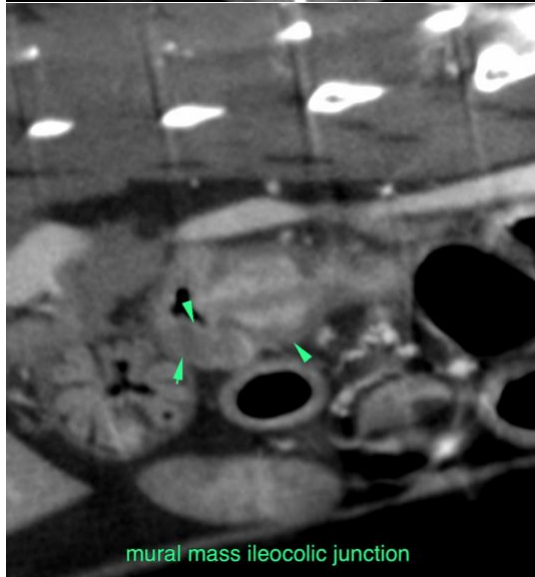
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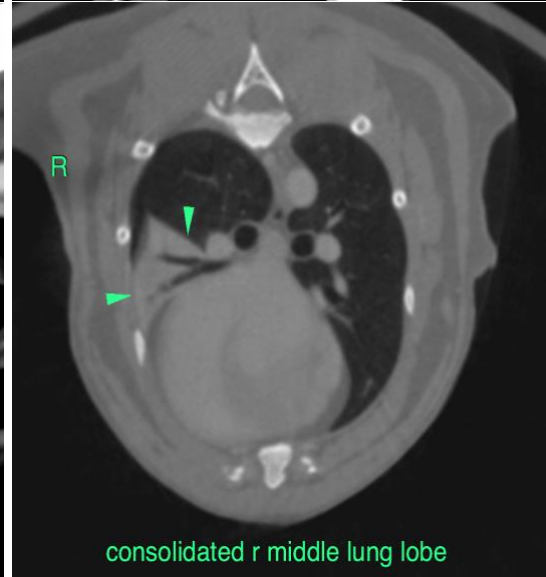
enlarged OS



retinal detachment



mural mass ileocolic junction



consolidated r middle lung lobe



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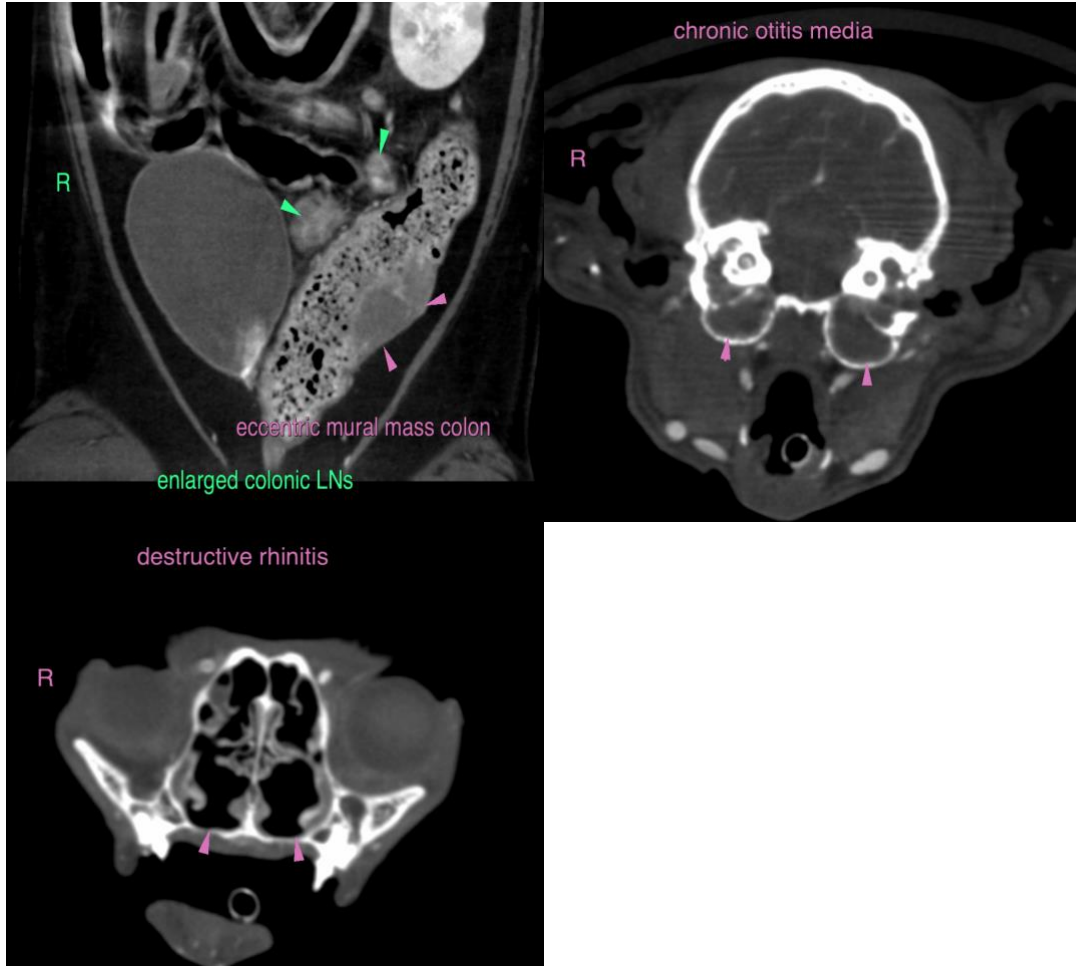
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

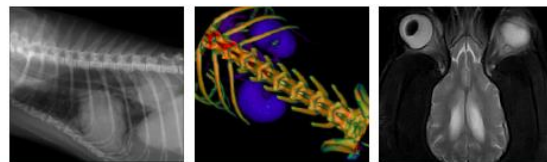
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