



PATIENT

Jasmine Wiist

PRESENTING CLINICAL SIGNS

Presented for weight loss, vomiting, and not eating well
Abnormal PE/Chem/CBC/UA Results: Ca 6mg/dl Pcv 29%

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

SEX

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The sternal lymph node is prominent, uniform soft tissue attenuating and contrast enhancing; the short-to-long-axis ratio is maintained normal <0.5.

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

AGE

8

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior.

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

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

Abdomen

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

REFERRING VET

Dr. Runde

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.

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The stomach is extending far caudally up to the mid abdomen. The ventral segment of the gastric fundus and the pyloric antrum present a circumferential marked mural thickening, measuring approximately up to 1.8 cm in width. The rugal folds level with the intramural mass are lost. Post contrast administration the normal wall-layering is lost, and the mural mass is homogeneous mild contrast enhancing. The distance between the mass and the pylorus is approximately 8 mm. The small intestinal loops are displaced caudally by the mass effect.

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The gastric and pancreaticoduodenal lymph node are prominent.

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



PATIENT The acetabular groove bilaterally is shallow.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Circumferential Intramural gastric mass involving the ventral aspect of the fundus and pyloric antrum
- Lymphadenopathy gastric, pancreaticoduodenal and sternal lymph node
- Mild hip dysplasia
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with primary gastric neoplasia such as lymphosarcoma or less likely carcinoma. The prominent lymph nodes are suggestive for metastatic spread. Ultrasound guided FNA sampling of the gastric wall and prominent lymph nodes can be used as an advanced diagnostic test for further definition. Based on results of the advanced diagnostic tests, the chances of chemotherapy or surgical excision might be considered. The prognosis is guarded.

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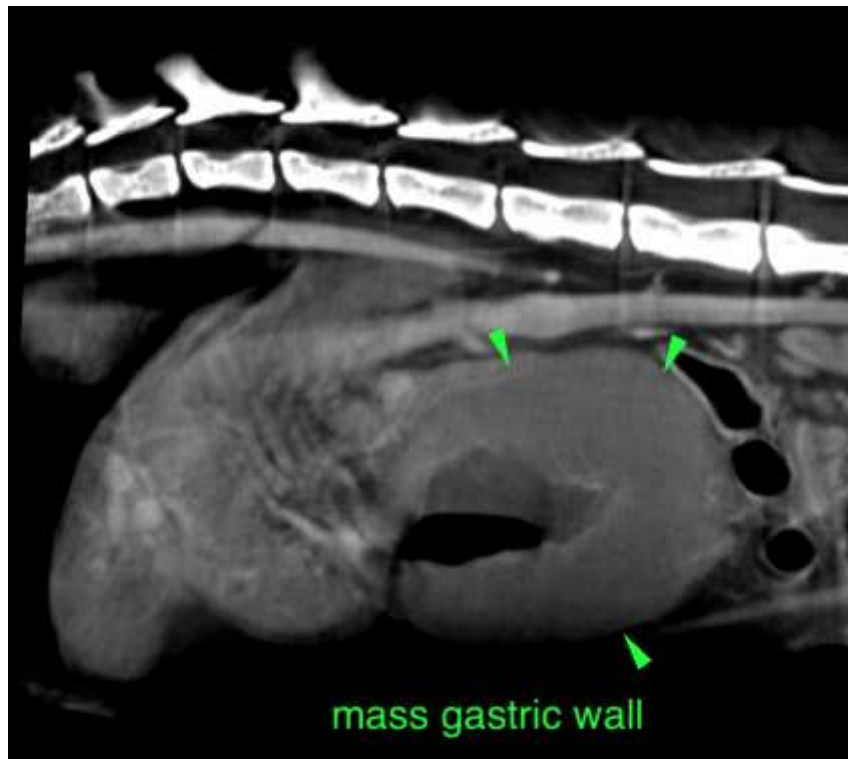
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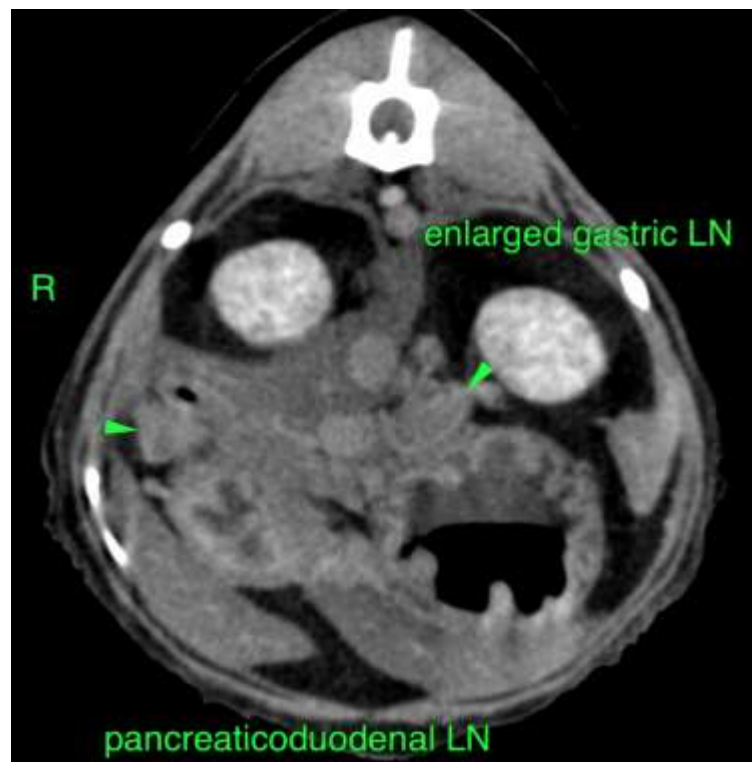
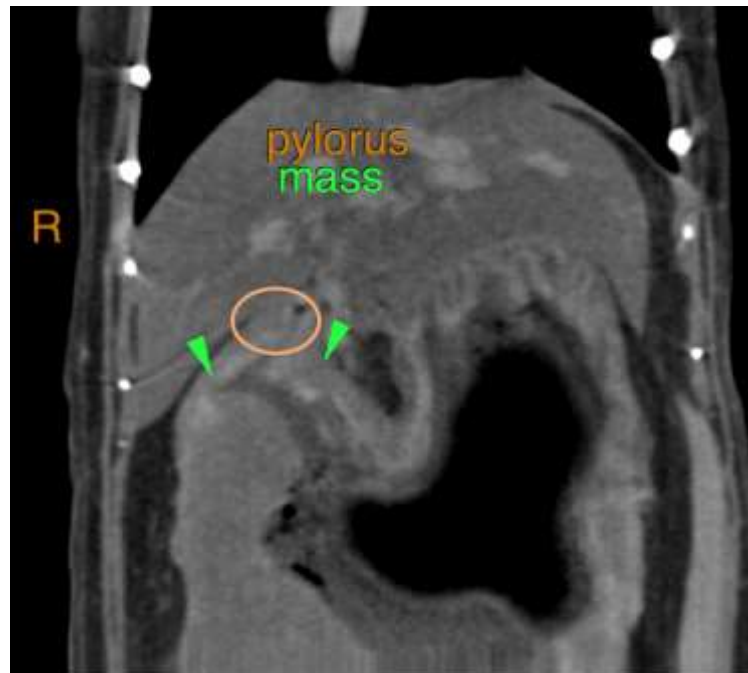
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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