



**PATIENT**

Tom D'Abbraccio

**PRESENTING CLINICAL SIGNS**

History of waxing/waning appetite-weight loss-dehydration. Developed vomiting and diarrhea. Diabetes is not well regulated.  
Abnormal PE/Chem/CBC/UA Results: FpL sent to the lab- 50.0

**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**

Domestic Shorthair

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

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

**SEX**

Male Neutered

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.

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

**AGE**

18 Years

The bronchial tree presents with regular branching. Multiple third degree bronchial segments present moderate peribronchial cuffing ± sporadic plugging of the bronchial lumen by soft tissue material.

**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**

Catskill Veterinary  
Services, PLLC

Abdomen

A mild amount of fluid attenuating material is seen in the pleural cavity and the peritoneal fat presents mild fat-stranding. Mild fat-stranding of the retroperitoneal fat is appreciated.

The jejunal lymph nodes are significantly enlarged and rounded, presenting a homogeneous attenuation and contrast enhancement pattern.

**REFERRING VET**

Dr. Joseph  
D'Abbraccio

A small intestinal segment – measuring approximately 2.6 cm in length – in the cranial abdomen, presents circumferential moderate thickening of the wall, measuring up to 7 mm in width

Both kidneys present are prominent and present mild irregular margins. A mild to moderate amount of mineral attenuating material is associated with the renal pelvis bilaterally.

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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.

The common bile duct is moderately dilated, measuring 5.0 mm in diameter.

**DATE**

8-19-22

The pancreas is prominent and presents mild undulating margins. The pancreatic parenchyma is uniform soft tissue attenuating and contrast enhancing. The pancreatic duct is dilated, measuring 2.7 mm in diameter.

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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.

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Feline

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Segmental intramural jejunal mass
- Lymphadenopathy jejunal lymph nodes
- Renomegaly
- Prominent and mild irregular pancreas
- Dilated biliary tree
- Dilated pancreatic duct
- Mild peritoneal & retroperitoneal effusion
- Nephrolithiasis without signs of obstruction
- Mild bronchial pattern and sporadic bronchial plugging

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The intramural jejunal mass and lymphadenopathy are highly concerning for neoplastic transformation with round cell tumor being most likely. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

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The renomegaly can indicate nephritis or diffuse neoplastic infiltration.

**INTERPRETED BY**Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The prominent, mild irregular pancreas is suggestive for pancreatitis and possible secondary dilation of the biliary tree, no mass/calculus obstructing the common bile duct is appreciated. The dilated pancreatic duct can be an age related finding.

The mild bronchial pattern indicates mild feline bronchial disease, due to the lack of respective clinical signs, the clinical relevance of the finding is unclear. There is no evidence of pulmonary metastatic disease.

**HOSPITAL NAME**Catskill Veterinary  
Services, PLLC**REFERRING VET**Dr. Joseph  
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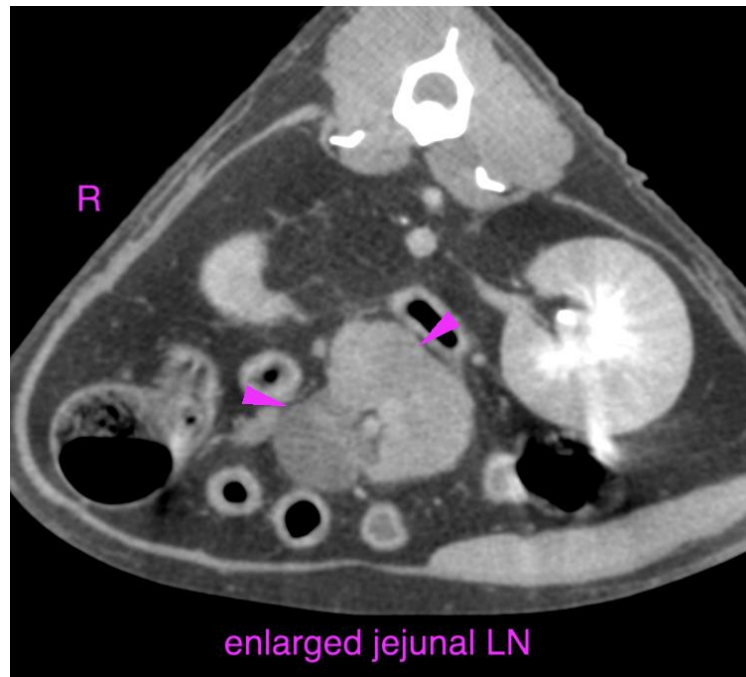
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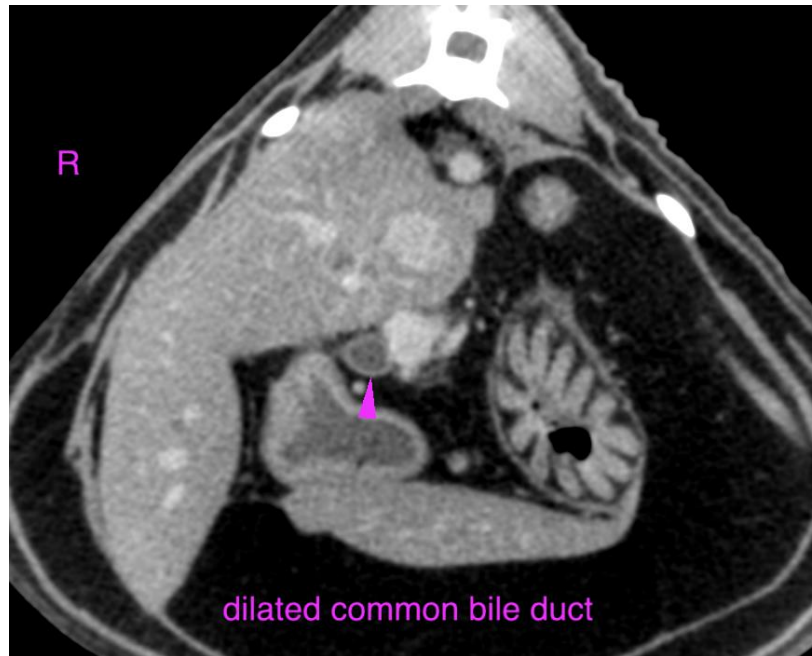
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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