



PATIENT PRESENTING CLINICAL SIGNS

Lefty Valentine History of ECT, right lateral thigh tumor, neoplastic reoccurrence right lateral thigh, immunotherapy

COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND HIND LIMBS

SPECIES A high resolution post-contrast CT study of the thorax, abdomen and hind limbs is provided for review.

Feline **COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

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

DSH 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.

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

Female Spayed 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.

AGE The lung parenchyma presents the expected architecture and attenuation behavior, but zones of dystelectasis of the ventral dependent aspects of the lung.

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

INTERPRETED BY

Abdomen

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

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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.

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

REFERRING VET

Riverdale Veterinary
Group

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

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

INVOICE

The bony and surrounding soft tissue structures reveal no abnormalities.

59898 The right medial & external iliac lymph node is prominent.

Hind limbs

DATE In the subcutaneous tissue along the lateral aspect of the right thigh, an ill-defined, to the underlying thigh musculature broad based, heterogeneous contrast enhancing mass with multiple central gas

8-23-23



PATIENT Lefty Valentine
 inclusions is seen; measuring 5.9 x 2.0 x 9.0 cm. The mass has feather margins cranially, extending from the level of the stifle joint up to the level of the proximal third of the femur.
 The osseous structures of the right hind limb present without abnormalities.
 The osseous and soft tissue structures of the left hind limb are unremarkable.

SPECIES Feline

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous cavitated soft tissue mass right lateral aspect of the thigh
- Lymphadenopathy right external & medial iliac lymph node
- No evidence of pulmonary metastatic disease

BREED DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of primary soft tissue neoplasm at the lateral aspect of the right thigh, treated via electrochemotherapy. The prominent medial & external iliac lymph nodes are equivocal for reactive hyperplasia or metastatic disease – Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

SEX Female Spayed

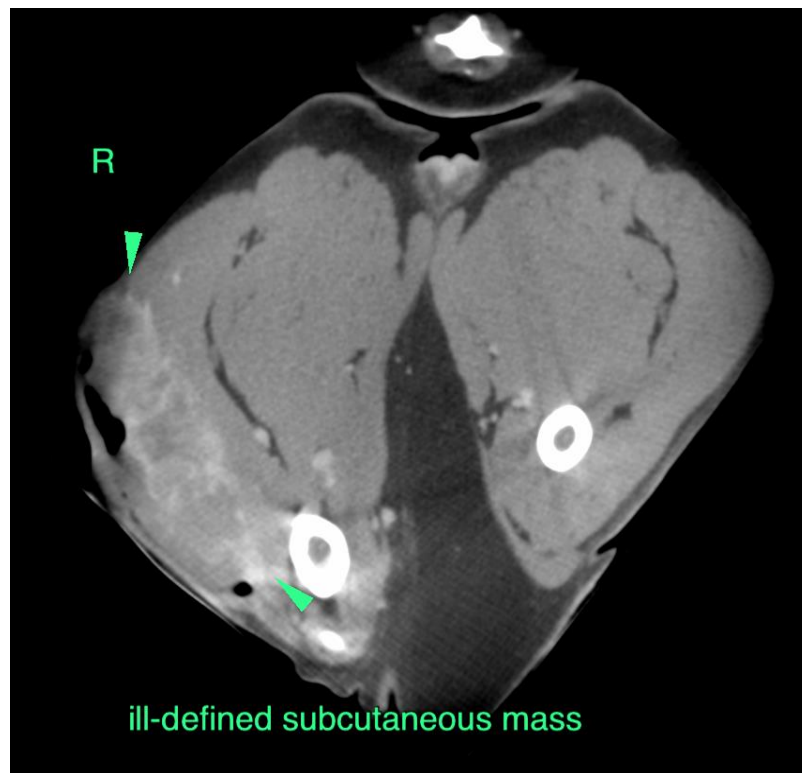
Complete surgical excision of the mass at the lateral aspect of the right thigh will warrant amputation of the respective limb.

AGE 12 Years

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

HOSPITAL NAME Animal Surgical Center - Oceanside

REFERRING VET Riverdale Veterinary Group



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DATE 8-23-23



PATIENT

Lefty Valentine

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12 Years

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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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