



PATIENT

Tiger Lily Jakoubek

PRESENTING CLINICAL SIGNS

Tiger Lilly presents today for a CT of a mass over her right tuber ischii. She did well at home last night, she was offered dry kibble in the afternoon and when her owner got up this morning it had been eaten. The bowl was picked up and she has not been offered any food since 5am. Her bathroom habits have remained the same overnight (small but normal stool, small amounts of normal urine) and she is not experiencing any coughing, sneezing, vomiting, or diarrhea. Tiger Lilly is not on any medications, supplements, or preventatives.

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE ABDOMEN

BREED

Bengal

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

FS

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

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.

AGE

3 Years

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

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Centered on the ischial bone bilaterally, an expansile amorphous mineralizing mass is seen. The associated parts of the pelvic floor present permeative osteolytic lesions. The pelvic mass is protruding into the pelvic canal, perineal region and subcutaneous tissue at the ventral aspect of the pelvis. The pelvic mass is measuring 5.5 x 5.4 x 6.7 cm in size. The rectum is deviated dorsally and compressed by the mass effect.

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Center

The right gluteal musculature presents a plaque like contrast enhancing lesion in the lateral aspect. A second plaque like heterogeneous contrast enhancing lesion is noted at the lateral aspect of the left biceps femoris muscle. In the right epaxial musculature, level with L2, a small contrast enhancing focus is visible.

REFERRING VET

Kimberly Winters

The right medial iliac lymph node and the inguinal lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile polyostotic aggressive mixed osteolytic & osteoproliferative lesion caudal aspect pelvic floor
- Secondary stenosis of the pelvic canal
- Contrast enhancing plaque like muscular lesions right gluteal region, d left biceps femoris muscle and right epaxial musculature
- Lymphadenopathy right medial iliac lymph node and inguinal lymph nodes

INVOICE

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8-30-22



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pelvic mass is consistent with biologically aggressive primary neoplasia originating from the pelvic floor. Potentials include osteosarcoma, fibrosarcoma, chondrosarcoma, carcinoma, other. The muscular lesions and the lymphadenopathy of the tributary lymph nodes are consistent with metastatic disease. FNA sampling ± biopsy of the mass can be used as advanced diagnostic tools. Unfortunately, treatment options are limited to palliative management and options might be discussed with oncologist, based on results of the advanced diagnostic tests.





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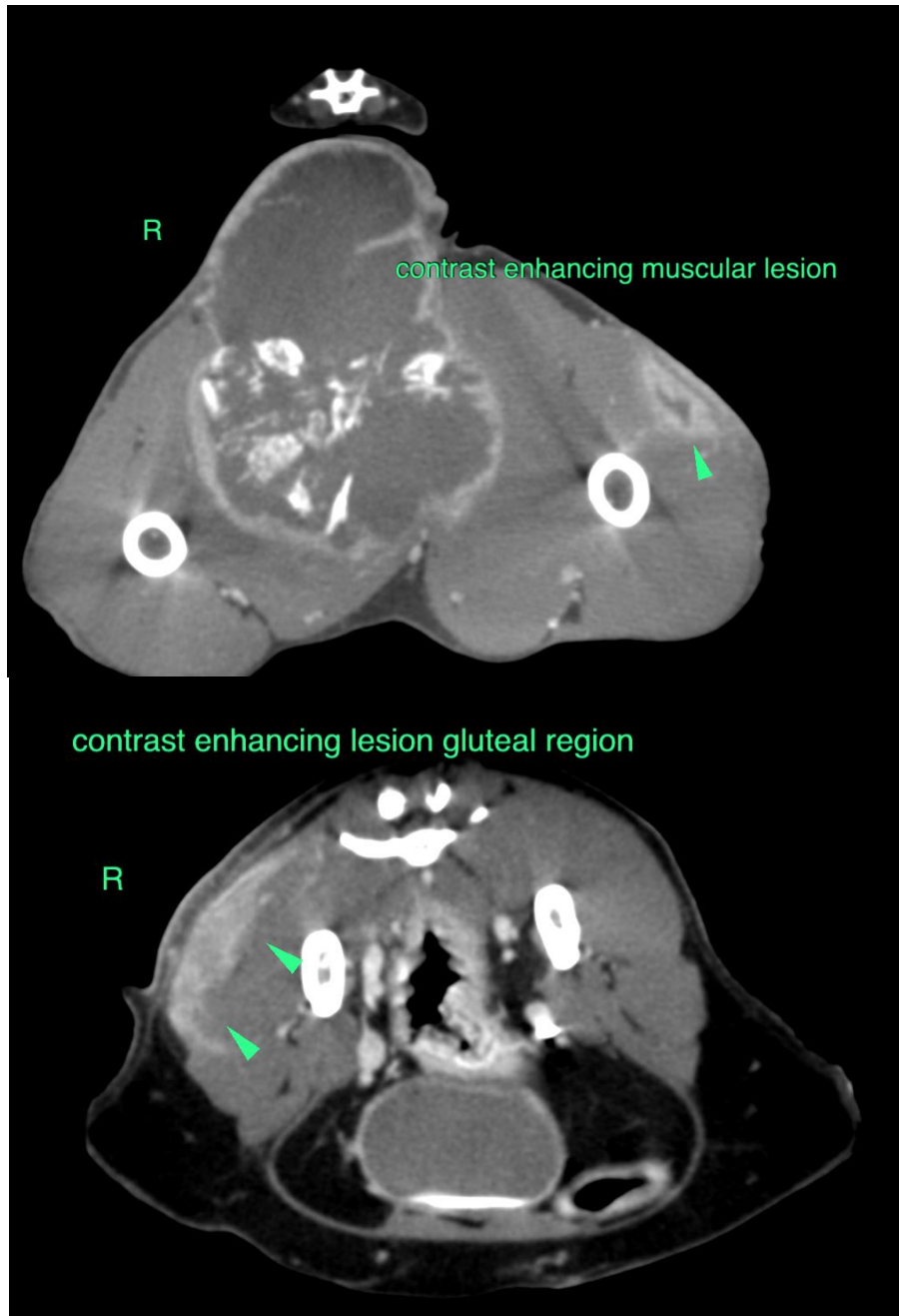
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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