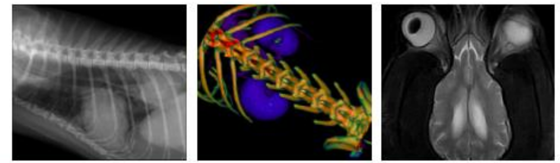


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Boogie Boragine

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Meaux

**INVOICE**

53288

**DATE**

8-4-22

## PRESENTING CLINICAL SIGNS

Hx of small cell LSA, undergoing treatment. Recent identification of a mass in the distal descending colon. FNA and blind mucosal biopsies performed with lack of definitive diagnosis but suspicion for large cell LSA.

## 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.

## COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

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.

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.

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.

Abdomen

Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the left renal pelvis. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

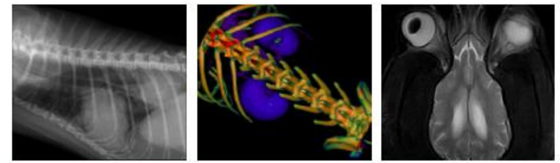
The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The caudate process of the caudate liver lobe, presents with a mild irregular roundish intraparenchymal filling defect, measuring 10 mm in diameter. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

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

The mid to caudal third of the descending colon presents a circumferential intramural mass, presenting a heterogeneous contrast enhancement pattern. The respective segment of the colonic wall is measuring up to 13 mm in width and 8.5 cm in length – extending up to the level of the cranial aperture of the pelvic canal. The peritoneal fat adjacent to the mural mass of the colon presents with an irregular marginated, multiloculated plaque like, soft tissue attenuating and homogeneous contrast enhancing lesions, measuring approximately 4.4 x 2.3 x 5.4 cm in size.



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Multiple small nodular lesions are seen throughout the peritoneal cavity.

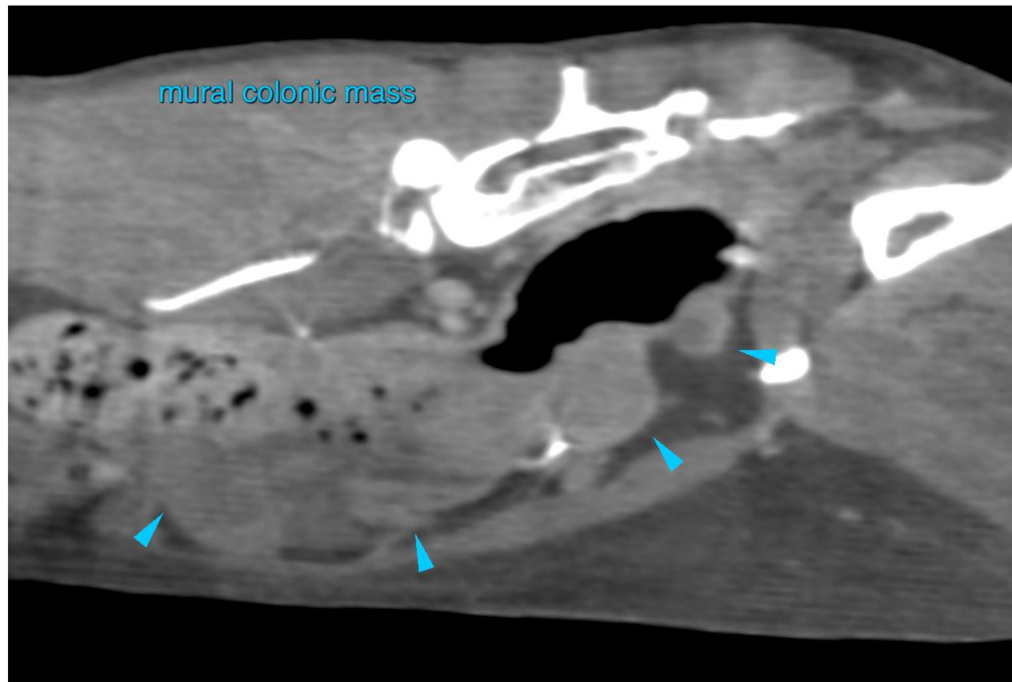
The distal segment of the left femur presents with two surgical pins.

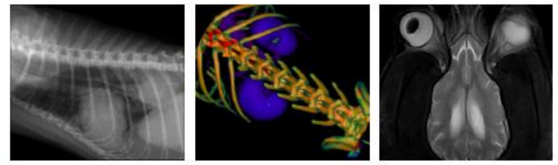
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mural mass descending colon
- Multiloculated soft tissue mass peritoneal cavity, adjacent to the colonic mass
- Multiple small peritoneal soft tissue nodules
- Solitary hepatic cyst
- Nephrolithiasis without signs of obstruction
- Normal thorax, no evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mural mass of the descending colon is supporting the diagnosis for neoplastic invasion of the colonic wall – cytology possible lymphosarcoma. The associated peritoneal mass is consistent with metastatic spread to the peritoneal cavity. The latter will likely prevent successful complete resection of the mass.





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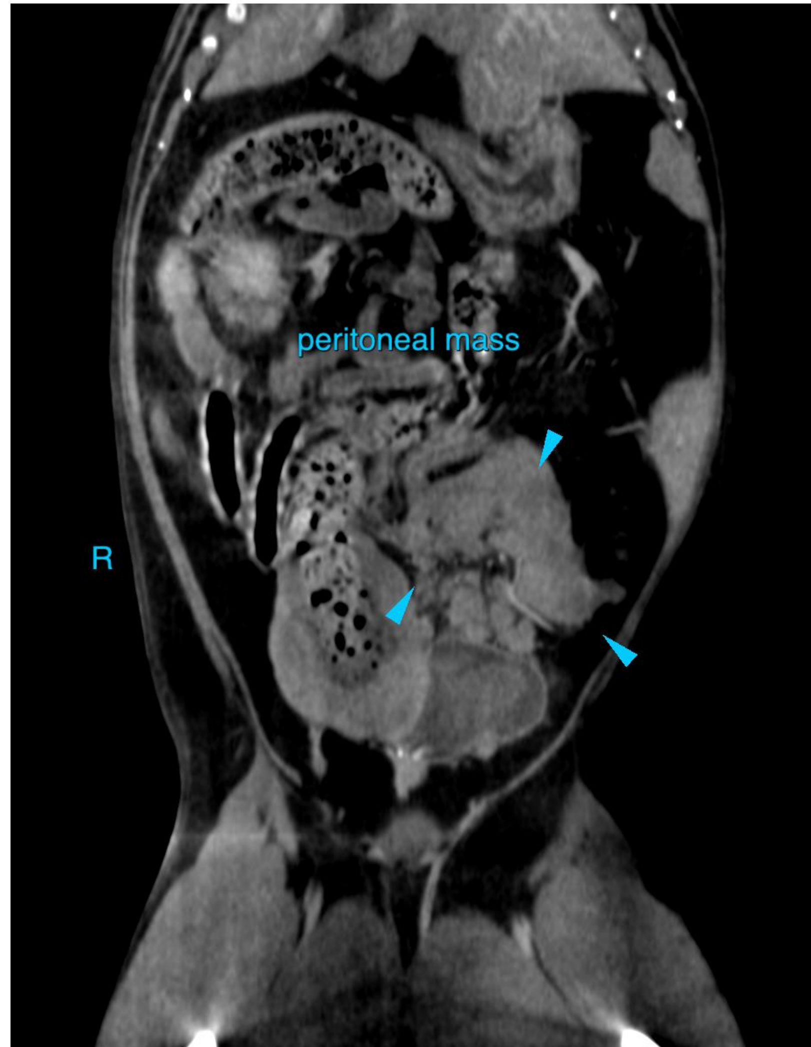

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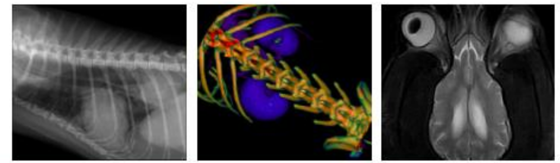

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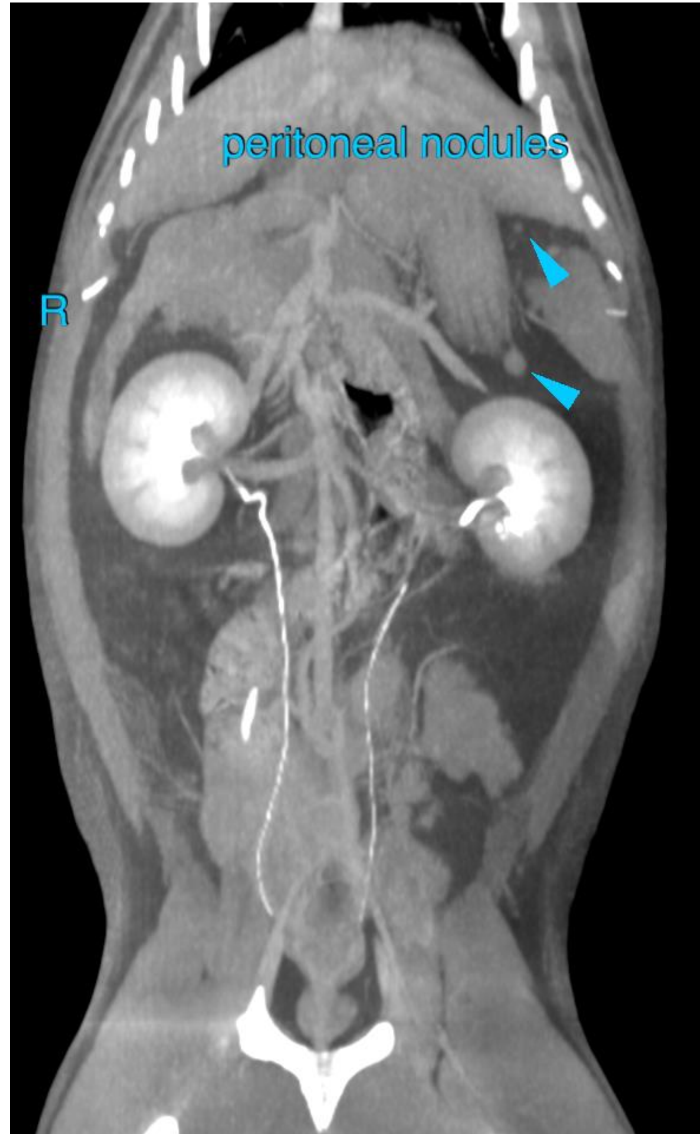


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
sebast.schaub@gmail.com