



PATIENT PRESENTING CLINICAL SIGNS

Junior Delamarter
 Week and a half history of not eating/drinking, lethargic, hiding under bed
 Abnormal PE/Chem/CBC/UA Results: Regenerative anemia, high WBC count characterized by mature Neutrophils and Monocytes. Concern for neoplasia

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

DLH
Thorax

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

SEX
 The cranial mediastinal lymph nodes are prominent and there is evidence of mild mediastinal effusion.

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

AGE
 7 Years
 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
 A small amount of gravity dependent, fluid attenuating material is seen in the costodiaphragmatic angle and the most caudodorsal aspects of the caudal lung lobes are retracted from the diaphragm/thoracic wall and present zones with focal compression atelectasis. 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
Abdomen

Catskill Veterinary Services, PLLC
 The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

REFERRING VET
 Both kidneys present mild irregular margins. Mineralized material is associated with the renal papulla bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

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

54160
 The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

DATE
 9-20-22
 The ventral aspect of the fundus and the pyloric antrum of the stomach present a marked, mild irregular, thickening of the wall (measuring up to 18 mm in width). Post contrast administration the wall layering of the thickened aspects of the gastric wall is lost.

The gastric lymph nodes and the pancreaticoduodenal lymph nodes are prominent.



PATIENT The bony and surrounding soft tissue structures reveal no abnormalities.

Junior Delamarter

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Feline

- Mural gastric mass, pyloric antrum/ventral aspect gastric fundus
- Lymphadenopathy gastric and pancreaticoduodenal lymph node, cranial mediastinal lymph node
- Very mild pleural effusion
- Suspect mild mediastinal effusion
- Chronic nephropathy
- Nephrocalcinosis and mild nephrolithiasis

BREED

DLH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric mass is highly suggestive for primary gastric neoplasia with lymphosarcoma being the top differential and metastatic spread to the regional lymph nodes and possibly the cranial mediastinal lymph nodes. Feline gastrointestinal eosinophilic sclerosing fibroplasia is a consideration as well. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

SEX

Male Neutered

The mild pleural & mediastinal effusion can be paraneoplastic.

AGE

7 Years

Depending on results of minimally invasive diagnostic tests, diagnostic laparotomy for debulking or resection of the mass might be considered – in most cases the prognosis is guarded.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

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Services, PLLC

REFERRING VET

Dr. Sarah Wright

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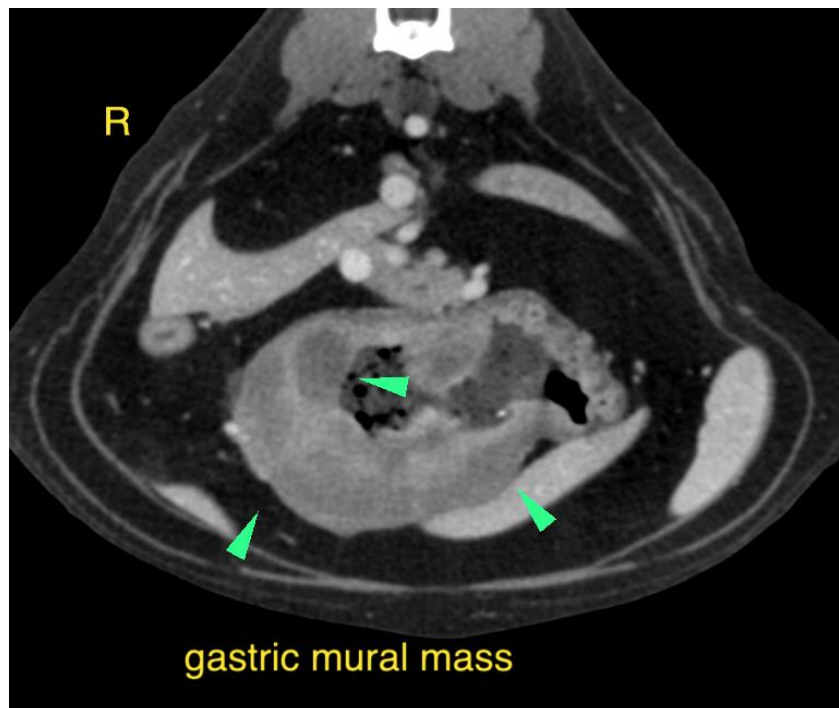
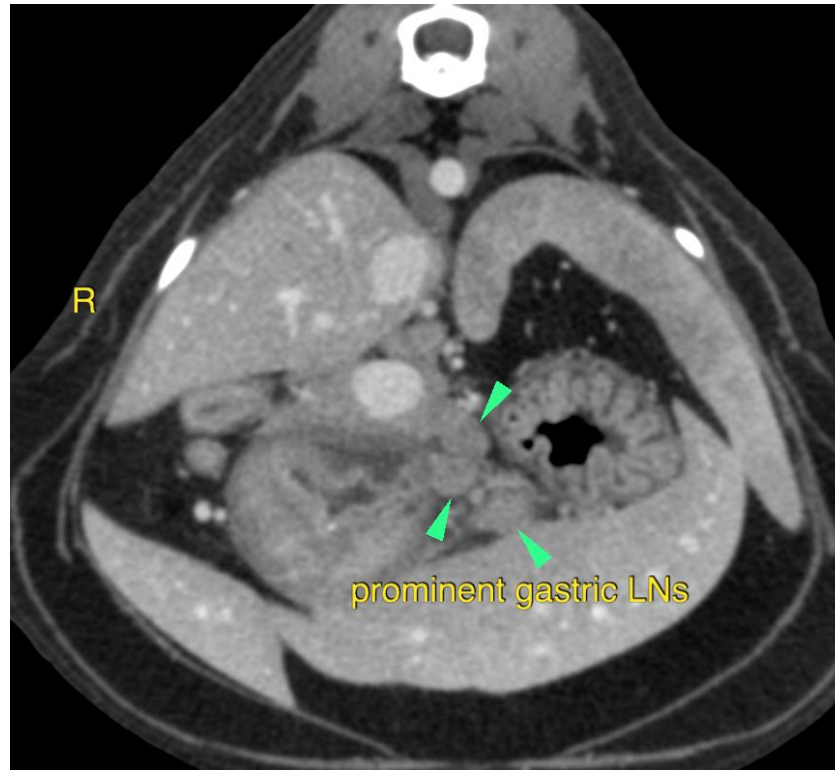
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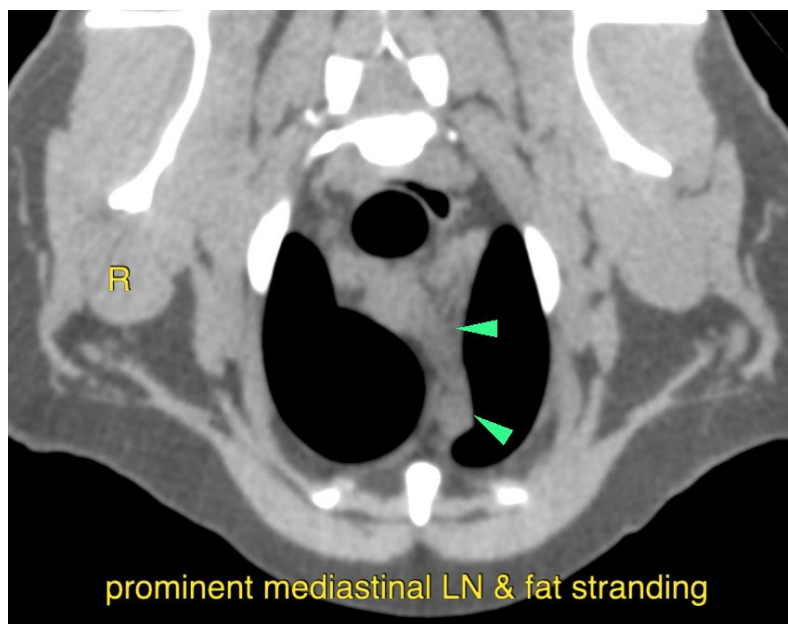
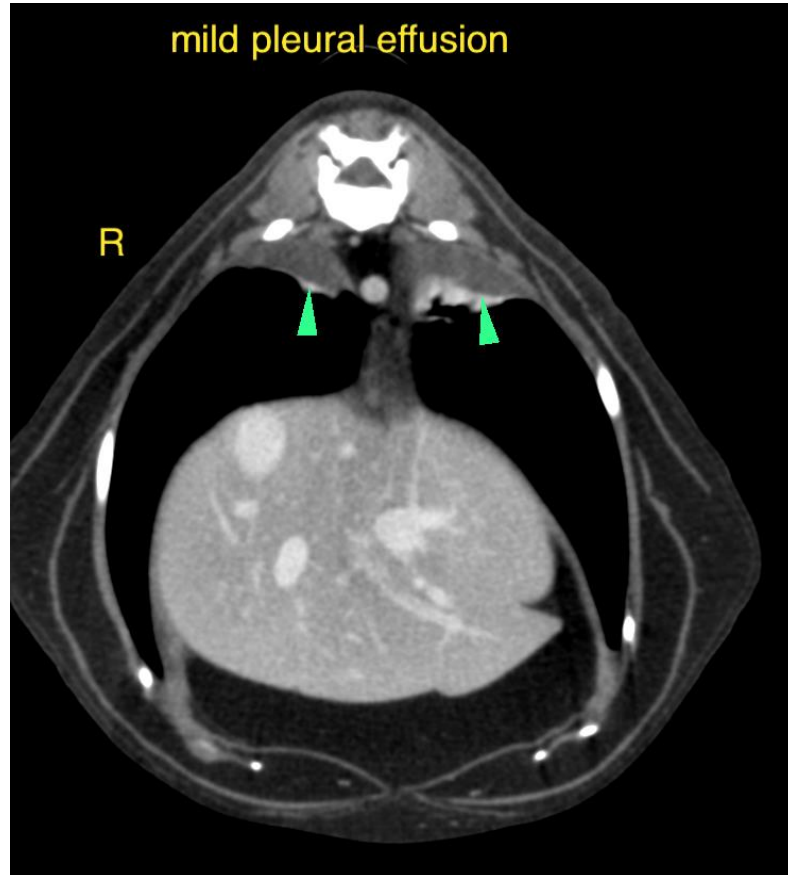
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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