



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Charlie Culina
SPECIES Feline
BREED Bengal

History: Charlie presented today with a 5 month history of a mass on the base of his tail. Previous diagnosis: Mass was surgically removed 9/8/21 but with incomplete margins. Biopsy was taken. Soft tissue sarcoma was diagnosed. History of subcutaneous cysts 5-6 years ago. Purpose of CT scan: Staging to see if mass has spread. Location of CT scan: Base of the tail, right side. Mass (behaviors)? It had slowly grown since April 2021. Small in size when first noticed. Under the skin. Current medication: Convenia injection 9/8/21, clomipramine 2 mg SID General health status: Eating and drinking okay. No diarrhea. Intermittent vomiting. Energy levels have been normal.

Abnormal PE/Chem/CBC/UA Results: Bloodwork is dated 9/11/2021. CBC - PCV = 32%, WBC = 12200, neutrophils = 9028, lymphocytes = 2440, monocytes = 610. Platelets = 210,000. Chemistry - BUN = 38, Creat = 1.4, all else normal. HWT = negative. UA - not provided.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

SEX Neutered Male

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

COMPUTED TOMOGRAPHIC FINDINGS

AGE 13 Years

Thorax

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

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

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.

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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.

REFERRING VET Verona Scheurich

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

INVOICE Abdomen

INVOICE 13346

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

DATE

9/28/21



PATIENT 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.

Charlie Culina

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

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

Feline

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

BREED

Bengal

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

SEX

Neutered Male

At the right dorsolateral aspect of the anus/rectum at the right ventral aspect of the base of the tail, a post contrast heterogeneous contrast enhancing plaque mild ill-defined mass is visible. The mass is extending from the level of the right transverse process of the second caudate vertebra ventrally up to the rectum and caudally in the subcutaneous tissue along the right lateral and dorsal aspect of the tail up to the level of the 7th caudate vertebra. The right transverse process of the second caudate vertebra presents aggressive osteolysis. A surgical metal attenuating skin staple is visible at the right lateral aspect of the base of the tail.

AGE

13 Years

In the caudal abdomen, ventral to L6, a prominent lymph node with a heterogeneous contrast enhancement pattern is visible.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Plaque like heterogeneous contrast enhancing soft tissue mass right dorsolateral aspect of the rectum and base of the tail
- Monostotic aggressive osteolytic lesion right transverse process second caudate vertebra
- Lymphadenopathy colonic lymph node

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings fit the history of sarcoma level with the base of the tail with secondary osteolysis of the transverse process of the second caudate vertebra. As the mass associated with the most proximal segments of the caudate spine as well as with the rectum, complete surgical excision is not feasible. Also radiation therapy might be a consideration the contact with the colon might exclude radiation therapy as treatment option – discuss with oncologist.

REFERRING VET

Verona Scheurich

INVOICE

The prominent colonic lymph node is suggestive for metastatic spread.

13346

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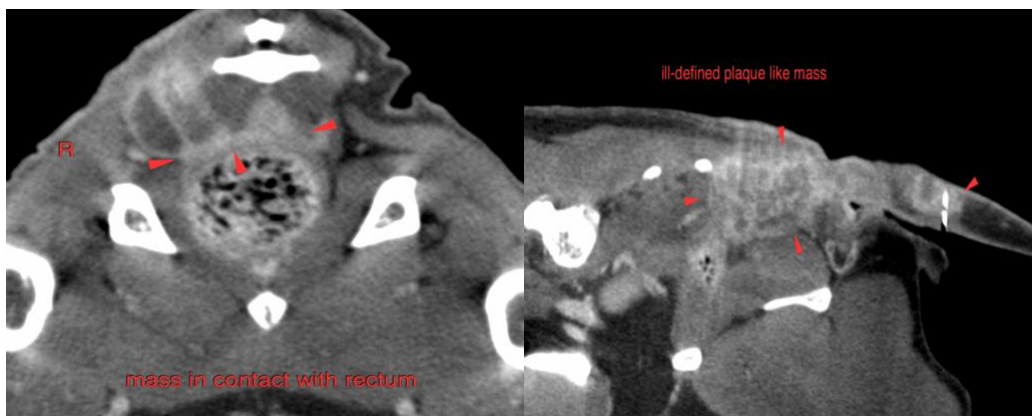
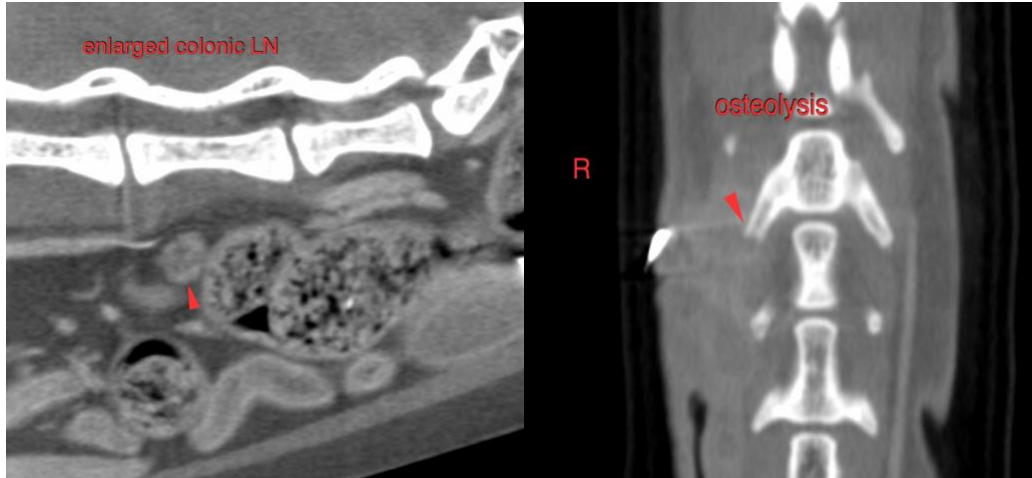
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

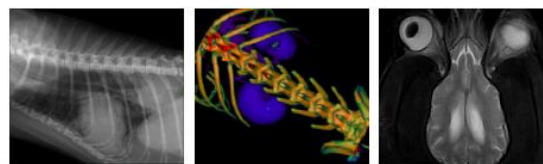
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