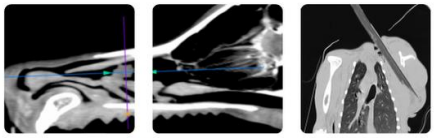


PATIENT

Wilson Marciano

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13Y

WEIGHT

4.9kg

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

JS/GC

HOSPITAL NAME

Green Dog Dental and Wellness

REFERRING VET

Dr Garcia

INVOICE

73527

DATE

1-28-26

PRESENTING CLINICAL SIGNS

Large hypoechoic hepatic mass (6.7 x 3.7 cm) in the left cranial abdominal region. It was noted on AUS and confirmed to be on cranial abdominal wall attached to the ribs when performing incisional biopsy.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

A pre- and post-contrast computed tomographic study of the abdomen and thorax was provided for review, consisting of twelve series acquired using soft tissue and bone algorithms, with transverse, sagittal, and dorsal reformatted images.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large, rounded, mildly heterogeneous contrast-enhancing mass with internal hypoattenuating cystic areas is identified in the left thoracoabdominal transition, located between the diaphragm and thoracic wall, and discrete silhouetting with the left hepatic lobes. The mass measures approximately 5.0 × 4.9 × 4.8 cm.

The lesion produces marked mass effect on the left thoracoabdominal wall and the left diaphragmatic dome/crus. There is loss of clear fat planes between the mass and the adjacent intercostal musculature, diaphragm, and a tiny portion of the liver, suggesting close contact, adhesion, or possible local invasion. The mass occupies the left cranial abdominal compartment, extending approximately from the 11th to the 13th intercostal spaces.

The remaining hepatic parenchyma appears relatively homogeneous *.

No evidence of periosteal reaction or osteolysis is observed in the adjacent ribs.

There is discrete increased attenuation of the serosal fat in the cranial abdomen adjacent to the mass. A small focus of free abdominal gas (pneumoperitoneum) is noted adjacent to the left diaphragmatic crus and peripheral abdominal wall, most consistent with iatrogenic change related to the previous biopsy. The remaining serosal fat is unremarkable.

The spleen demonstrates homogeneous soft tissue attenuation, uniform contrast enhancement, and normal size and shape.

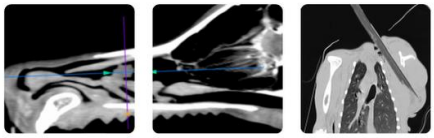
The gastrointestinal tract is normally positioned with normal luminal distension and no evidence of mural mass effect.

The colon and rectum contain gas admixed with heterogeneously soft tissue–attenuating fecal material. Wall thickness is within normal limits.

Both kidneys are normal in size, shape, contour, and attenuation on pre- and post-contrast images. The renal pelvises and ureters are within normal limits.

The urinary bladder is moderately distended with homogeneously hypoattenuating fluid content and normal wall thickness.

The abdominal lymph nodes and adrenal glands are within normal limits.



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The uterus and ovaries are not applicable.

THORAX

There is loss of definition of the left diaphragmatic contour due to a mass effect in this region, with silhouetting against the thoracic wall and subtle silhouetting of the liver.

The trachea and main bronchi are within normal limits.

The sternal lymph nodes are slightly enlarged, measuring at least 1.8 x 0.7 cm.

The cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

There is a small pulmonary band within the left caudal lung lobe. The remaining pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal.

The pleural space and right thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left-sided thoracoabdominal mass with discrete internal cystic components, causing marked mass effect on the left thoracoabdominal wall and left hemidiaphragm, and silhouetting with diaphragm, left thoracic wall and minimal the hepatic lobes. The exact tissue of origin cannot be definitively determined on CT. Loss of normal tissue planes with the diaphragm and left intercostal musculature raises concern for firm adhesion or local invasion. Differential diagnoses include a soft tissue neoplasm, such as a sarcoma, with possible origin from thoracic wall or the diaphragm, and less likely from the liver (e.g., a pedunculated hepatic mass).
- Focal pneumoperitoneum adjacent to the hepatic mass, most consistent with iatrogenic change secondary to recent biopsy. Scant peritoneal effusion adjacent to the hepatic mass.
- There is a small pulmonary band within the left caudal lung lobe. Differential diagnosis passive pulmonary atelectasis, or atypical metastatic infiltration.
- Mild enlargement of the sternal lymph nodes. Differential diagnosis reactive versus metastatic etiology.
- Incidental passive pulmonary atelectasis in the left caudal lung lobe.
- No evidence of pulmonary metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms the presence of a large, locally aggressive appearing thoracoabdominal mass in the left cranial abdomen, with extensive contact with the diaphragm and ipsilateral thoracic wall and appear minimal contact with the left hepatic lobes. Although no definitive rib destruction is identified, the loss of normal tissue planes suggests possible invasion or firm adhesion, particularly involving the diaphragm and left thoracic wall. Differential diagnoses include a soft tissue neoplasm, such as a

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sarcoma, with possible origin from thoracic wall or the diaphragm, and less likely from the liver (e.g., a pedunculated hepatic mass).

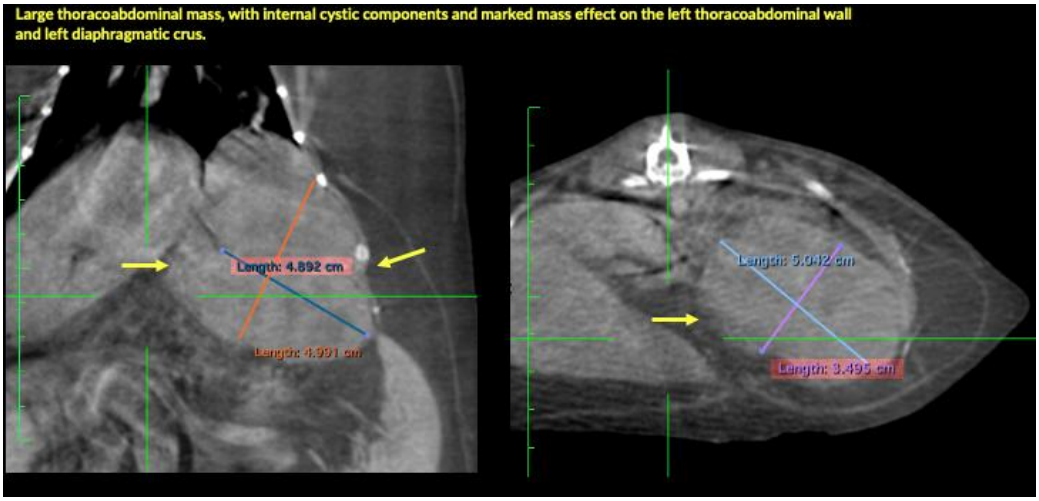
Correlation with surgical and histopathology results is essential for definitive diagnosis.

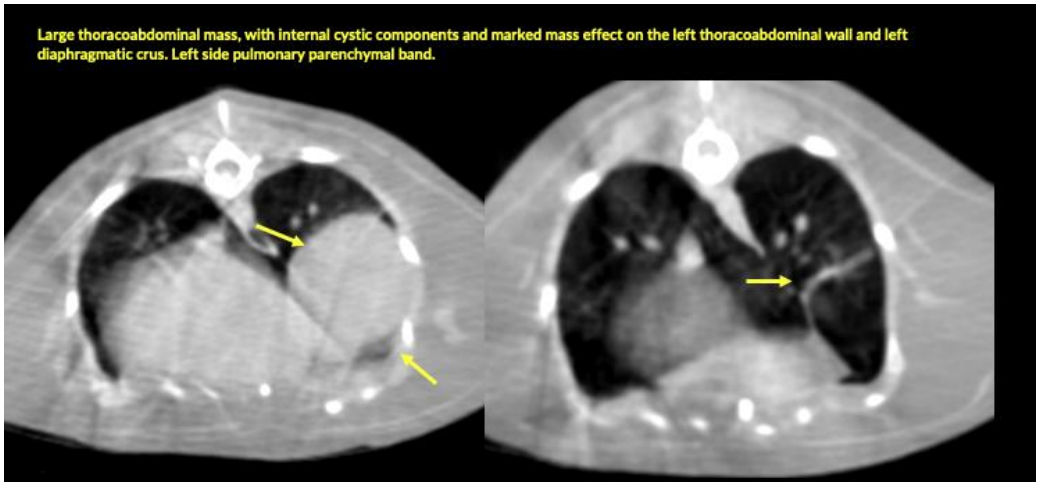
Following a review of the veterinary literature, a primary diaphragmatic undifferentiated pleomorphic sarcoma has been reported in cats. Although rare, this entity should be considered a potential differential diagnosis in the present case, given the mass location, aggressive behavior, and close association with the diaphragm and adjacent thoracoabdominal structures.

Reference: Bonazzi I, Morabito S, Brunetti B, Nicoli S, Valenti P. Primary diaphragmatic undifferentiated pleomorphic sarcoma in a cat. JFMS Open Rep. 2021 May 31;7(1):20551169211018992. doi: 10.1177/20551169211018992. PMID: 34158969; PMCID: PMC8186119.

TECHNICAL COMMENTS

* Image evaluation is affected by streak and beam-hardening artifacts, more evident at the thoracoabdominal transition region.





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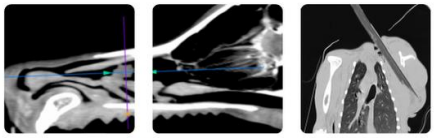

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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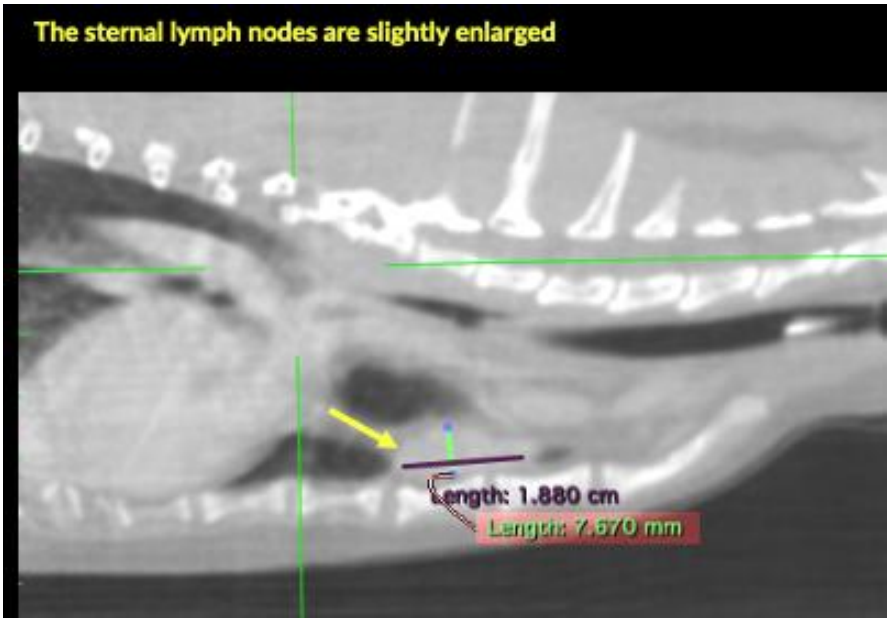

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com