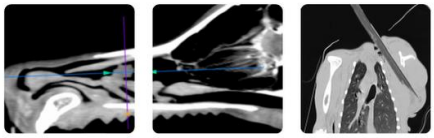


PATIENT

Agnes Karakatsanis

SPECIES

Feline

BREED

Tabby/Mixed

SEX

Female Spayed

AGE

9Y, 11M, 23D

WEIGHT

11.80lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

73180

DATE

1-5-26

PRESENTING CLINICAL SIGNS

Reason for Visit: Mass on right neck/shoulder area. History: Owner presented Agnes for evaluation of a mass on the right shoulder/neck area, first noticed on November 30th. Mass appeared overnight with no known trauma or interaction with other animals. Indoor-only cat. Approximately a week and a half after initial appearance, two small scabbed openings developed on the mass. Fluid was drained from the mass on December 1st, described as bloody liquid. Owner reports mass has not changed in size since onset, though it briefly filled with fluid. No current medications administered; gabapentin was prescribed but not used. Owner reports Agnes is eating and drinking normally, acting completely normal, and displaying no behavioral changes. Owner notes nails are long but avoids trimming due to stress. Onset of Symptoms: Symptoms first noticed on November 30th. Progression of Symptoms: Mass appeared suddenly and has remained the same size since onset, with brief fluid accumulation. No worsening or improvement reported.
Abnormal PE/Chem/CBC/UA Results: PE: Lymph Nodes: Lymph nodes on the jaw are normal; lymph node in the region of the mass is difficult to assess due to mass location.: Integument: Large mass measuring 6.5-7 cm by 5 cm on the right lateral neck/shoulder region, consisting of a firm component and a softer, more fluid-filled section. Nails are long.; CBC: Hemoglobin 9.7; Reticulocytes 123; Reticulocyte Hemoglobin 13.7; WBC 26.5; Neutrophils 19.08; Monocytes 0.742; Chem: ALT 23; PT 45.0; PTT 141.0

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the thorax, bone algorithm. One pre-contrast series of the abdomen, bone algorithm. One post-contrast series of the thorax, soft tissue algorithm. One post-contrast series of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

There is a large, rounded, partially well-defined contour soft tissue mass effect located in the right cervicothoracic region. The mass demonstrates heterogeneous attenuation with mixed hypoattenuating areas and regions of marked contrast enhancement, consistent with intense neovascularization.

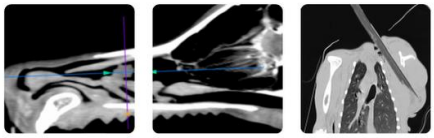
The mass infiltrates the space between the cervical spine, right scapula, and right shoulder joint, extending adjacent to the scalenus, serratus ventralis, and intertransversarii cervicis muscles. The ventral aspect of the mass exerts a mass effect on adjacent soft tissues and is contiguous with the right external jugular vein. The lesion measures at least 6.5 × 6.7 × 5.8 cm.

The superficial cervical and axillary lymph nodes are mildly enlarged.

Despite the size of the mass, there is no evidence of adjacent osseous lysis or proliferation involving the cervical vertebrae, scapula, ribs, or shoulder joint.

The trachea and main bronchi are within normal limits.

The pulmonary parenchyma shows a sparse tree-in-bud pattern. The remaining lung parenchyma has normal attenuation, with no pulmonary nodules or mass lesions identified.



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The cardiac silhouette and pulmonary vessels are within normal limits, with adequate post-contrast opacification.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pleural space, ribs, diaphragm, and thoracic esophagus are unremarkable.

ABDOMEN

The liver is homogeneously soft tissue attenuating and demonstrates uniform contrast enhancement, with normal size and shape. The gallbladder, cystic duct, and common bile duct are within normal limits.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvises and ureters are unremarkable.

The urinary bladder is moderately distended, containing homogeneous hypoattenuating fluid admixed with hyperattenuating contrast material. The bladder wall thickness is within normal limits.

The spleen is homogeneous, with normal size, shape, and contrast enhancement.

The gastrointestinal tract is normally distended and anatomically distributed, with no evidence of mural thickening or mass effect.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material, with normal wall thickness.

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

The serosal fat demonstrates normal attenuation.

The uterus and ovaries are not applicable.

The right coxofemoral joint is incongruent, with mild periarticular osteophytosis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, heterogeneous, intensely contrast-enhancing soft tissue mass in the right cervicothoracic region, infiltrating in the space adjacent regional musculature and contiguous with the right external jugular vein, without evidence of adjacent bone involvement. Differential diagnoses include aggressive soft tissue neoplasia (e.g., soft tissue sarcoma, fibrosarcoma, hemangiosarcoma, or other types).
- Mild enlargement of the right superficial cervical and axillary lymph nodes, compatible with reactive lymphadenopathy versus early metastatic involvement.
- Sparse pulmonary tree-in-bud pattern, most consistent with mild inflammatory or infectious bronchitis, or feline lower airway disease, asthma. No evidence of pulmonary metastatic disease.
- Mild right coxofemoral joint osteoarthrosis.

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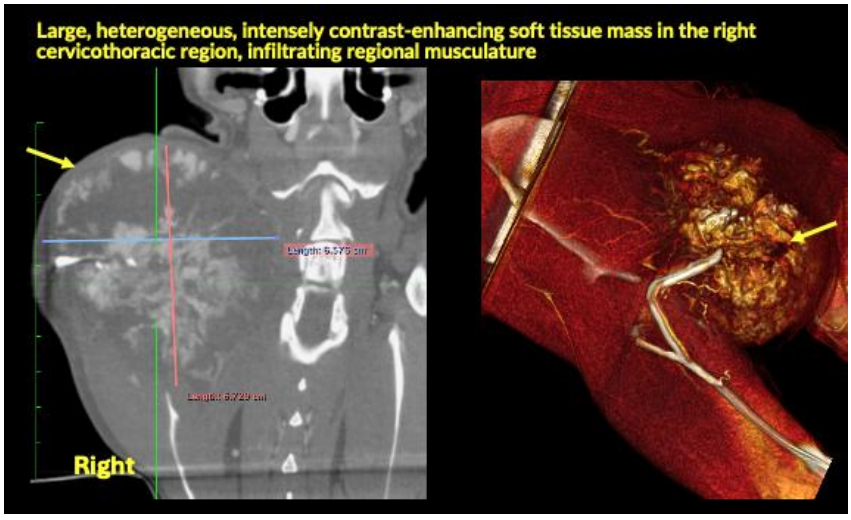
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination reveals a large, highly vascularized soft tissue mass in the right cervicothoracic region, exhibiting infiltrative behavior involving the adjacent musculature and close association with the right external jugular vein. The absence of osseous involvement supports a primary soft tissue origin. Given the lesion's size, heterogeneous internal architecture, and intense contrast enhancement, a neoplastic process is considered most likely.

For definitive diagnosis, ultrasound-guided fine-needle aspiration or tissue biopsy is recommended for histopathological characterization. The presence of internal neovascularization and the close proximity to the right external jugular vein in ventral floor should be carefully considered when planning sampling or surgical intervention.

Thoracic findings show no evidence of metastatic disease.



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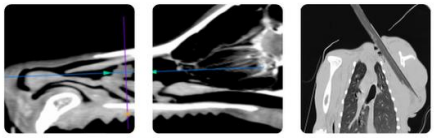

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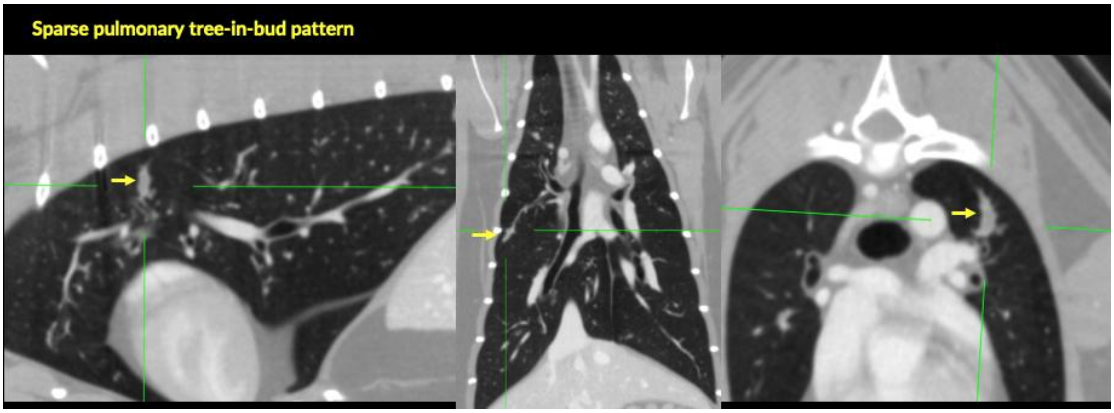

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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