



## PATIENT

Nadia Fors

## SPECIES

Feline

## BREED

Maine Coon

## SEX

FS

## AGE

5Y

## WEIGHT

4.8kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lisa & Amanda

## HOSPITAL NAME

Casselton Vet Service

## REFERRING VET

Brad Bartholomay

## INVOICE

73213

## DATE

1-7-26

## PRESENTING CLINICAL SIGNS

Seen at referring veterinarian on 12/18/25 for anorexia and weight loss. Chem panel, CBC, UA came back WNL. FELV/FIV test was Neg. On 12/29/25 P presented with extremely swollen L rear leg around the femoral region. X-rays showed slight "fuzziness" on edge of femur but no obvious bone lesion. Aspirate was unremarkable. On exam today there was ~14cm firm swelling centered around L Femur that was very painful to the touch.

Abnormal PE/Chem/CBC/UA Results: HCT: 28.7% ALKP: LOW 12 U/L All other values WNL

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND HIND LIMBS

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

## COMPUTED TOMOGRAPHIC FINDINGS

### HIND LIMBS

An extensive, rounded to elongated, partially well-defined soft tissue mass effect is present in the left proximal hindlimb, circumferentially surrounding the left femur. The mass exhibits heterogeneous attenuation, with mixed hypoattenuating regions and areas of marked contrast enhancement, consistent with intense neovascularization. There is extensive intermuscular and intramuscular infiltration involving multiple ipsilateral muscle groups. The lesion measures at least 7.4 × 9.2 × 6.9 cm.

The adjacent femoral cortex demonstrates discrete multifocal osteolytic changes associated with a spiculated periosteal reaction, as well as diffusely reduced bone attenuation compatible with osteopenia. The ipsilateral popliteal lymph node is enlarged.

Ventrally, the mass exerts a significant mass effect on adjacent soft tissues and is contiguous with the left femoral artery and vein, both of which appear dilated.

Despite the distal extension of the mass toward the stifle region, the stifle joint and infrapatellar fat pad maintain normal appearance. The collimated distal limb is unremarkable. The left coxofemoral joint is within normal limits.

The right hindlimb, including osseous, articular, and soft tissue structures, is unremarkable.

### THORAX

The trachea and main bronchi are within normal limits.

A solitary, small soft tissue pulmonary nodule measuring approximately 2.8 mm is identified in the right caudal lung lobe. The remaining pulmonary parenchyma demonstrates normal attenuation.

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.



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- There is a large, aggressive soft tissue mass affecting the left proximal hindlimb, characterized by extensive intramuscular and intermuscular infiltration, intense neovascularization, and associated femoral cortical osteolysis with a spiculated periosteal reaction. The primary differential diagnoses include a malignant soft tissue neoplasm (e.g., soft tissue sarcoma, fibrosarcoma, hemangiosarcoma, or other types), with secondary osseous involvement.
- The left popliteal lymph node is enlarged, which may represent reactive lymphadenopathy or metastatic involvement.
- A solitary, small pulmonary nodule is present in the right caudal lung lobe. Differential diagnoses include early metastatic disease, or less likely granuloma.

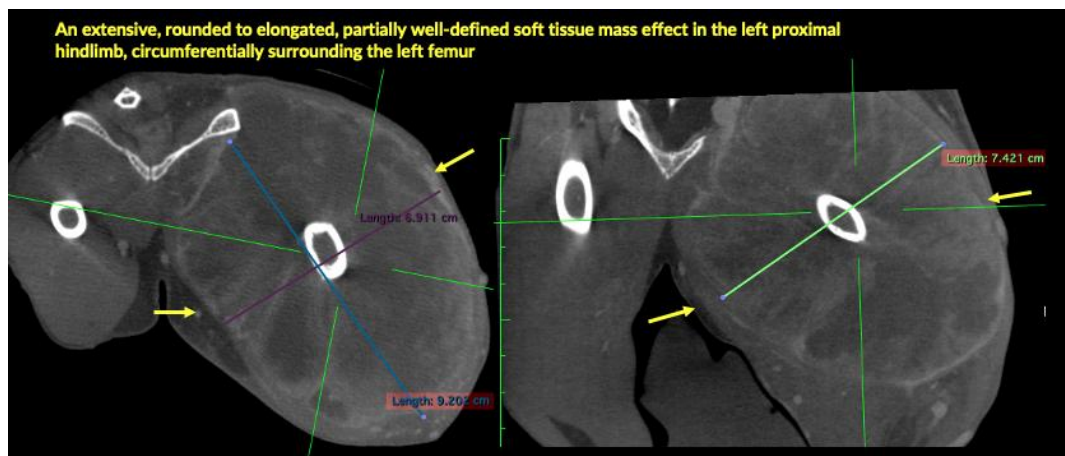
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are most consistent with an aggressive soft tissue neoplastic process involving the left proximal hindlimb. The large size of the lesion, its infiltrative behavior, the presence of intense vascularity, and the associated osseous changes of the femur support a malignant etiology.

For definitive diagnosis, ultrasound-guided fine-needle aspiration or tissue biopsy is recommended for histopathological characterization

The identified pulmonary nodule should be interpreted cautiously; however, the primary differential diagnosis is early pulmonary metastatic disease.

Further oncologic consultation is recommended to discuss prognosis and treatment options, including surgical, adjunctive, or palliative approaches.





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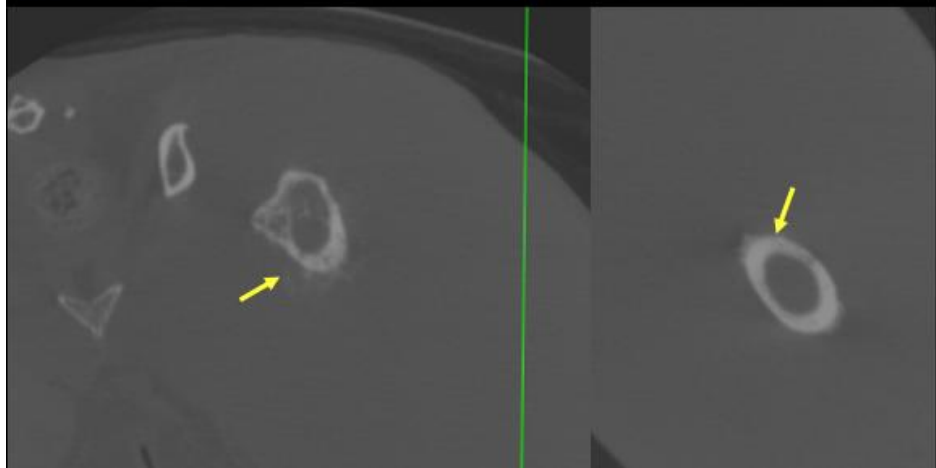
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### Left femoral cortical osteolysis with a spiculated periosteal reaction



### Solitary, small soft tissue pulmonary nodule





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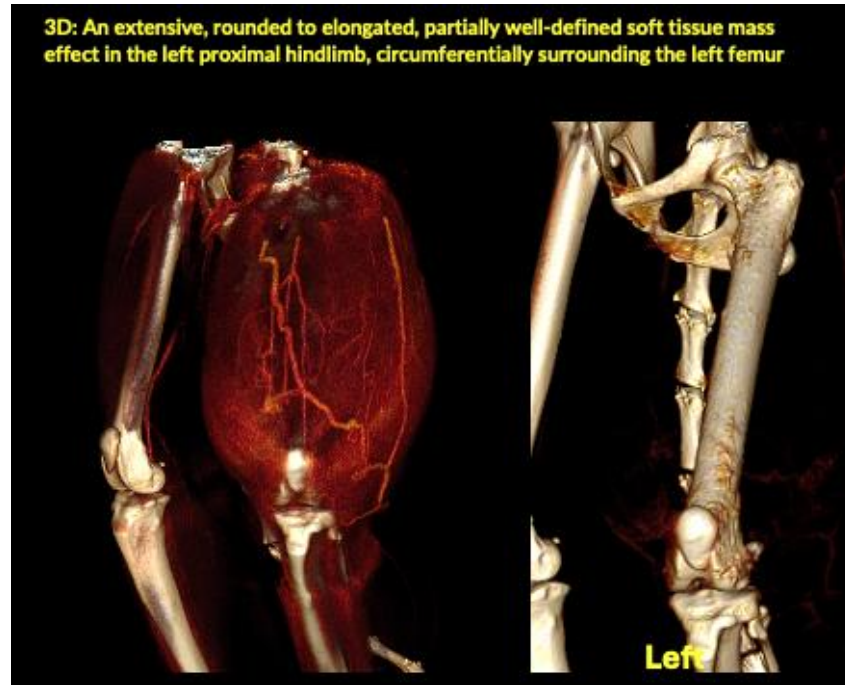
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)