



## PATIENT

Seven Vitale

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

13Y

## WEIGHT

10lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Thomas

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Thomas

## INVOICE

72476

## DATE

11-4-25

## PRESENTING CLINICAL SIGNS

Pt has mid mid-abdominal mass. Confirmed on ultrasound, suspected lymph node, origin unclear. R/O metastasis. Pt sedated for radiographs.

## RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Orthogonal views of the thorax and abdomen are provided for review, totaling 6 series. Lateral and ventrodorsal views.

## RADIOGRAPHIC FINDINGS

### ABDOMEN

There is a large, multilobulated soft-tissue opaque mass effect predominantly occupying the right mid-abdominal region. The lesion measures approximately 2.5–3.5 times the length of the adjacent lumbar vertebral bodies. The surrounding mesenteric fat shows reduced definition of the serosal margins.

The small intestine is diffusely and mildly distended with gas and homogeneously soft-tissue opaque fluid material within the lumen. The intestinal walls appear subjectively thickened.

The colon contains a moderate volume of heterogeneously opaque fecal material admixed with gas.

The stomach is empty with minimal intraluminal gas.

The liver, spleen, and renal silhouettes are normal in size, shape, and opacity. The retroperitoneal space and serosal fat are unremarkable.

The urinary bladder is mildly distended, containing homogeneous soft-tissue opaque content with normal wall thickness.

### THORAX

The trachea and main bronchi are within normal limits.

The ventral cardiac silhouette shows partial border effacement, and there is mild loss of distinction of the caudal cardiac margin on the ventrodorsal projection.

A subtle ventral cranial thoracic soft-tissue opacity mass effect is observed overlying the region of the second and third sternbrae. Mild widening of the cranial mediastinum is also present.

A scant amount of pleural effusion is present.

The pulmonary parenchyma and pulmonary vessels are within normal limits.

The ribs, thoracic wall, and diaphragm are intact and unremarkable.

An incidental finding of incomplete bridging spondylosis deformans is noted at L7–S1, associated with mild narrowing of the intervertebral disc space.



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The patient demonstrates a thin body condition.

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## RADIOGRAPHIC DIAGNOSIS

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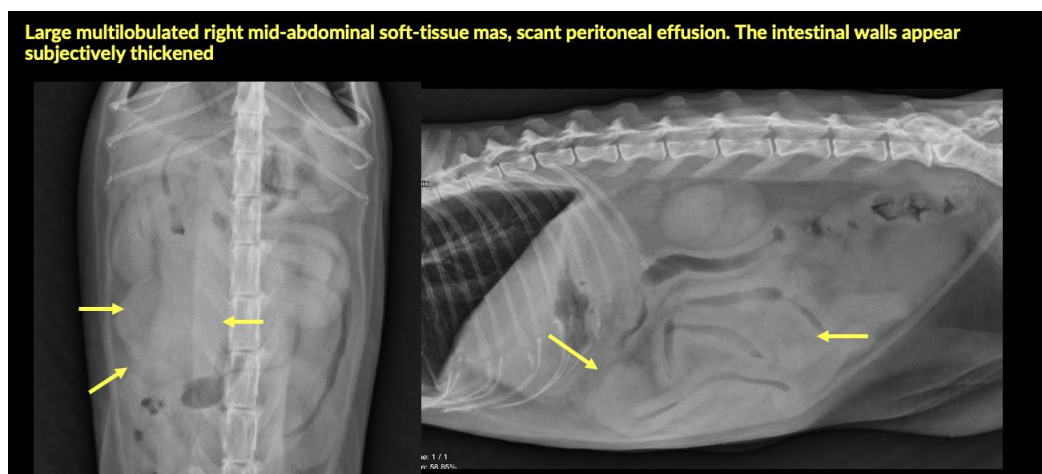
- Large multilobulated right mid-abdominal soft-tissue mass. Differential diagnoses include neoplasia (e.g., lymphoma, metastatic carcinoma, or sarcoma), severe lymphadenopathy, or less likely granulomatous inflammatory mass. Possible origins include mesenteric lymph node enlargement, small intestinal mass, or less likely pancreatic mass.
- Subjective diffuse small intestinal wall thickening, nonspecific—possible enteritis or lesion associated with the abdominal mass.
- Scant pleural and peritoneal effusion.
- Suspected sternal and mediastinal lymphadenopathy.
- L7–S1 incomplete bridging spondylosis deformans (incidental).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are consistent with a large right mid-abdominal soft-tissue mass, potentially of lymphoid or intestinal origin, with concurrent possible thoracic lymphadenopathy, scant pleural and peritoneal effusion. Other less likely differential diagnoses include pancreatic mass, or granulomatous inflammatory mass.

Consider fine-needle aspiration of the abdominal mass for cytologic confirmation. A detailed ultrasonographic evaluation of the gastrointestinal wall is also recommended to assess possible neoplastic infiltration.

There is no evidence of pulmonary metastatic disease, apart from the pleural effusion and possibly enlarged sternal and mediastinal lymph nodes. A TFAST ultrasound is recommended for better definition.





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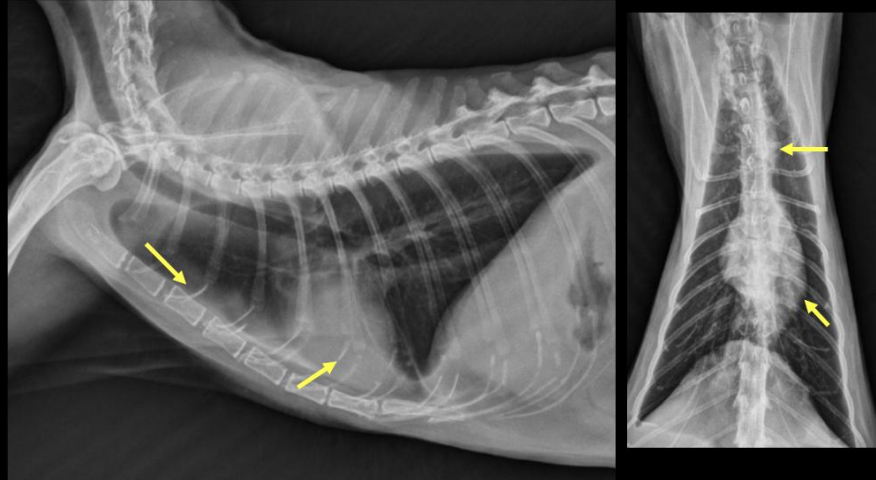
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The ventral cardiac silhouette shows partial border effacement, and there is mild loss of distinction of the caudal cardiac margin on the ventrodorsal projection



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  
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