



PATIENT

Sweetie Scafani

SPECIES

Feline

BREED

Exotic American
Shorthair

SEX

FS

AGE

4Y, 5M

WEIGHT

6.3lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Joy Fox-Beaudet

INVOICE

72942

DATE

12-10-25

PRESENTING CLINICAL SIGNS

Referred for thoracic CT due to suspicion of osseous neoplasia involving the left humerus. Client requested CT of the abdomen as well.

Abnormal PE/Chem/CBC/UA Results: Thickened, irregular left humeral diaphysis. CBC showed mild neutropenia, eosinopenia, chem, T4 WNL

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 2 series. One pre-contrast series of the whole-body, soft tissue algorithm. One post-contrast series of the whole-body, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

A mixed osteolytic and osteoproliferative lesion is centered on the left humeral metaphysis and diaphysis, displaying multifocal cortical interruptions, amorphous and palisading periosteal reaction, ill-defined transitional zone, and mild associated soft tissue mass effect.

The trachea and main bronchi are patent and within normal limits.

The pulmonary parenchyma demonstrates normal aeration with no micronodules, nodules, or mass lesions.

The bronchial tree shows normal tapering with thin, smooth walls and an appropriate bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vasculature are normal, with adequate post-contrast enhancement.

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

The pleural space, diaphragm, thoracic wall, and thoracic esophagus are within normal limits.

ABDOMEN

The spleen is mildly enlarged, with homogeneous soft tissue attenuation and uniform enhancement, maintaining a normal contour.

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

Both kidneys are normal in size, contour, and attenuation; renal pelvis and ureters are unremarkable.

The urinary bladder contains homogeneously hypoattenuating fluid associated with discrete hyperattenuating contrast material; the wall is normal.

The stomach is mildly distended with homogeneous fluid material and gas but maintains normal position and mural thickness.



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The duodenum and small intestine exhibit normal diameter and wall thickness, containing small volumes of fluid and gas.

The colon and rectum are normally distended with mixed-attenuation fecal material; wall thickness is preserved.

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

The serosal fat displays normal attenuation.

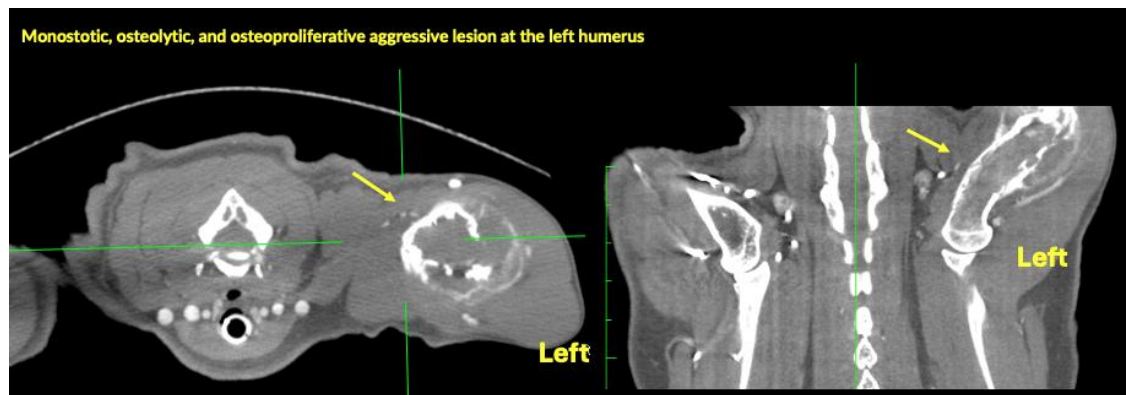
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic, osteolytic, and osteoproliferative aggressive lesion at the left humerus. Differential diagnoses include osseous neoplasia or, less likely, fungal osteomyelitis.
- Thoracic structures otherwise within normal limits; no evidence of pulmonary or mediastinal metastatic lesions.
- Mild splenomegaly. Differential diagnosis includes secondary to anesthetic effects, lymphoid hyperplasia, extramedullary hematopoiesis, correlated to an infectious agent (FIV, FIP, Mycoplasma), or neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination reveals an aggressive osseous process involving the left humerus, with imaging characteristics most consistent with a neoplastic lesion such as osteosarcoma, chondrosarcoma, fibrosarcoma, or hemangiosarcoma. Fungal osteomyelitis is considered less likely. Fine-needle aspiration (FNA) or an image-guided core biopsy of the humeral lesion is recommended for definitive diagnosis if not performed previously.

No evidence of pulmonary metastasis or regional lymphadenopathy is observed. The abdominal CT demonstrates mild splenomegaly. Differential diagnoses include anesthetic-related enlargement, lymphoid hyperplasia, extramedullary hematopoiesis, infectious etiologies (FIV, FIP, Mycoplasma spp.), or neoplasia. An ultrasound-guided splenic FNA is recommended for further assessment.





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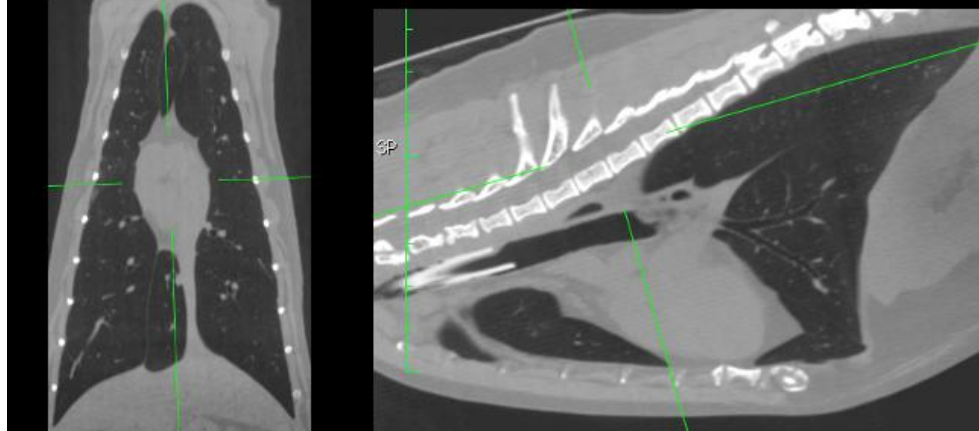
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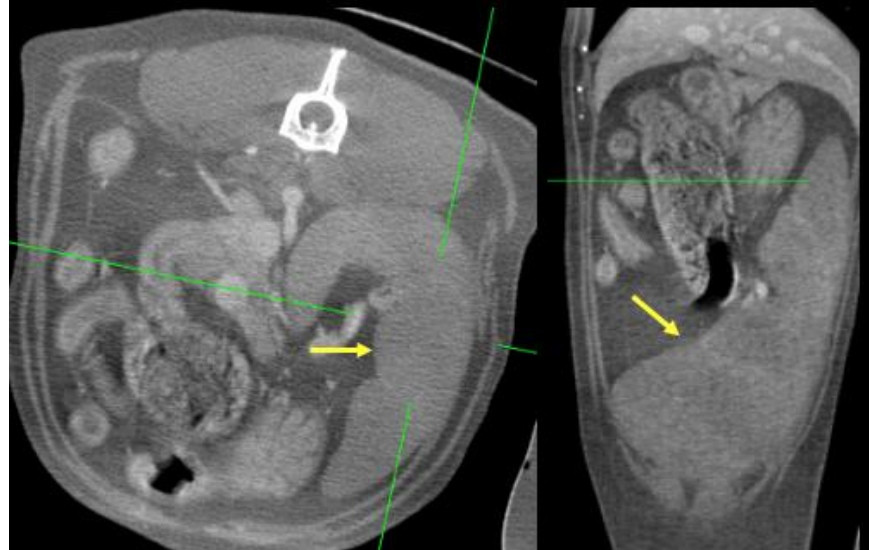
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Normal thorax



The spleen is mildly enlarged



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