



PATIENT

Boo Sinicki

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

6Y

WEIGHT

10lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burge

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Burge

INVOICE

73048

DATE

12-17-25

PRESENTING CLINICAL SIGNS

Pet developed mass on the left shoulder within the last few months and did not seem bothered by it. In October Boo started developing some lameness in the left forelimb and eventually developed moderate edematous swelling of the paw and antebrachium that was not responsive to empirical antibiotics and steroids. No wounds have been noted on the limb. CT of the entire forelimb and axilla was performed today immediately prior to the mass removal, which was submitted for biopsy.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS

Non-contrast CT examination of both thoracic limbs was provided for review, focusing on the shoulder and elbow joints, totaling 2 series. Transverse images were acquired using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

Left Thoracic Limb (Shoulder and Elbow)

Periarticular ossification is present along the margin of the lesser tubercle and in the region of the biceps brachii tendon.

Mild periarticular ossification is also noted at the left elbow joint.

There is a reduction in muscle volume of the left thoracic limb when compared to the contralateral limb, consistent with muscular atrophy.

The left retropharyngeal lymph node and left superficial cervical lymph nodes are enlarged, rounded, and heterogeneously contrast-enhancing. The left superficial cervical lymph node measures approximately 7.9×7.8 mm. The right superficial cervical lymph node is smaller, measuring approximately 5.2×5.3 mm.

Diffuse fat stranding is present within the left axillary subcutaneous fat. Adjacent to the axillary artery and vein, thin, non-contrast-enhancing tubular structures are identified, more prominent compared to the contralateral side, consistent with lymphatic vessels and/or structures adjacent to the brachial plexus.

A small subcutaneous soft tissue nodule is identified along the ventral cranial aspect of the left thoracic limb at the level of the mid-humerus, measuring approximately 8.2×6.6 mm.

Mild subcutaneous and soft tissue swelling is present distally, involving the manus.

The left subclavian, axillary, brachial, and subscapular arteries are normally opacified, with no evidence of intraluminal filling defects. The corresponding axillary and brachial veins are also patent and unremarkable.

Thorax (Partially Collimated Region)

A small ventral pleural effusion is present with concurrent rounded atelectasis of the adjacent cranial lung lobes is noted. Multifocal bronchocentric parenchymal bands are present, with suspicion of a few pulmonary micronodules.



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Right Thoracic Limb (Shoulder)

The right scapulohumeral joint is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Presence of thin, tubular, non-contrast-enhancing structures within the left axillary region, associated with diffuse axillary fat stranding, most consistent with lymphatic vessel prominence, lymphedema, or lymphatic obstruction, potentially contributing to distal limb edema.
- Mild distal soft tissue edema involving the manus.
- Enlargement and heterogeneous enhancement of the superficial cervical lymph nodes, more pronounced on the left side. Differential diagnoses include reactive lymphadenitis or metastatic involvement. There is concurrent mild enlargement of the left retropharyngeal lymph node.
- A small subcutaneous soft tissue nodule is present at the mid-humeral level of the left thoracic limb. Differential diagnoses include subcutaneous neoplasia.
- Muscle atrophy of the left thoracic limb.
- Left shoulder and elbow osteoarthritis, with possible biceps brachii tendinopathy, considered likely unrelated to the concurrent soft tissue abnormalities.
- Thoracic findings include pleural effusion, rounded atelectasis, and mild bronchocentric parenchymal changes. Differential diagnoses include pleuritis, metastatic disease, lymphomatosis, mesothelioma, or carcinomatosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a combination of soft tissue, lymphatic, and musculoskeletal abnormalities affecting the left thoracic limb. The presence of diffuse axillary fat stranding, prominence of tubular structures consistent with lymphatic vessels, and distal limb edema is suggestive of lymphedema and/or lymphatic obstruction or infiltration, potentially associated with the reported shoulder mass. Potential causes of lymphedema in cats (a rare condition) include neoplasia, such as lymphoma or lymphangiosarcoma.

There is no evidence of vascular thrombosis.

Enlargement of the regional lymph nodes may represent reactive lymphadenitis or metastatic disease. The observed muscle atrophy is most likely secondary to chronic limb disuse or neurovascular compromise.

Correlation with the histopathological results of the excised mass is recommended. Depending on the biopsy results, further staging, including thoracic follow-up imaging, and oncologic consultation may be indicated.

Given the presence of pleural effusion, consideration should be given to performing a TFAST examination or a complete thoracic radiographic evaluation, as well as pleural drainage for both diagnostic and therapeutic purposes.



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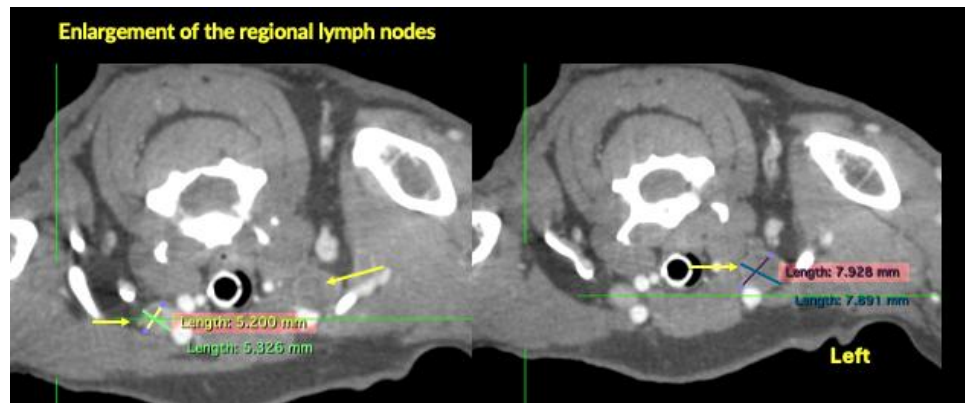
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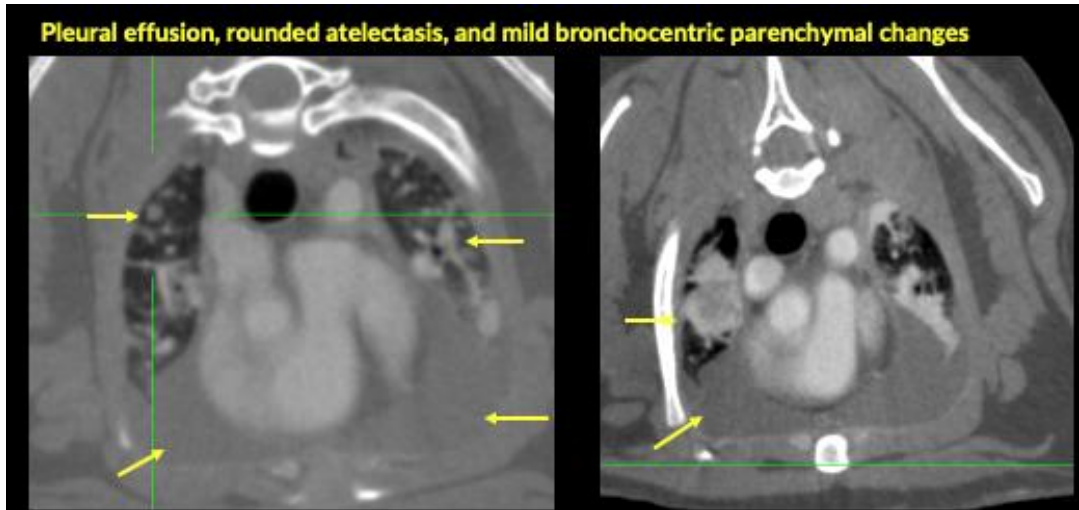
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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