



## PATIENT

Sabeen Hodgkiss II

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

7Y, 3M

## WEIGHT

10.32lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lisa C./Jenna W.

## HOSPITAL NAME

Animal Clinic  
Northview

## REFERRING VET

Alana Czerwien, DVM

## INVOICE

73593

## DATE

2-3-26

## PRESENTING CLINICAL SIGNS

History:

- Met check - P recently presented for a tail mass. Histopathology identified it as a Chondroblastic osteosarcoma (could be extraosseous/extraskeletal osteosarcoma).
- Looking for any metastasis or other abnormalities before planning surgery for tail amputation.
- Checking tail mass if operable to remove, given its location

Abnormal PE/Chem/CBC/UA Results: CBC & Chem both WNL.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN & SACRAL SPINE

A pre- and post-contrast CT study of thorax, abdomen and sacral are provided for review totaling 3 series. Pre-contrast whole-body (soft tissue algorithm). Post-contrast whole-body (soft tissue algorithm). Post-contrast sacral and caudal spine (soft tissue algorithm)

## COMPUTED TOMOGRAPHIC FINDINGS

### SACRUM & CAUDAL SPINE

There is an expansile, mixed-attenuation soft tissue mass centered on the eighth caudal vertebra. Within the affected vertebra, there are a discrete osteolytic foci, medullary cavity sclerosis with mottled appearance, and adjacent amorphous periosteal reaction.

The immediately cranial and caudal vertebral bodies are not directly involved. However, the associated soft tissue expansion extends slightly beyond the margins of the adjacent intervertebral spaces.

The sacral lymph nodes are mildly enlarged, measuring approximately 1.2 × 0.5 cm.

The medial iliac lymph nodes are within normal limits.

### THORAX

The trachea and main bronchi are within normal limits.

There are multiple pulmonary parenchymal abnormalities, including a few scattered subpleural fibrous bands, multiple (at least 10) disseminated pulmonary micronodules and small ground-glass attenuation nodules. The micronodules measure approximately 2.0 mm, and the ground-glass nodules measure up to 6.0 mm.

The bronchial tree demonstrates normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

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

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

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

### ABDOMEN



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The liver is homogeneous, normally sized, and demonstrates uniform contrast enhancement. The gallbladder, cystic duct, and common bile duct are within normal limits.

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

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

The spleen is normal in size and shape, with homogeneous attenuation and incidental mild non-uniform contrast enhancement.

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

The colon and rectum contain gas admixed with heterogeneously soft tissue-attenuating fecal material. Wall thickness is normal.

The anal sacs are unremarkable.

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.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile, aggressive mass involving the eighth caudal vertebra, characterized by mixed soft tissue and osseous changes, including osteolysis, medullary sclerosis, and periosteal reaction. The primary differential diagnoses include malignant osseous or extraskelatal neoplastic process, consistent with the previously diagnosed chondroblastic osteosarcoma.
- Mild enlargement of the sacral lymph nodes, which may represent reactive lymphadenopathy or early metastatic involvement.
- Multiple pulmonary micronodules and small ground-glass nodules, raising concern for pulmonary metastatic disease.
- No evidence of abdominal metastatic disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination confirms an aggressive neoplastic process centered on the eighth caudal vertebra, with associated osseous destruction and surrounding soft tissue expansion. The absence of direct involvement of the adjacent vertebral bodies may be favorable for surgical planning; however, consideration should be given to extending the cranial surgical margin, potentially to the level of the seventh caudal vertebra, to optimize resectability.

Mild enlargement of the sacral lymph nodes may be reactive; however, metastatic involvement cannot be excluded.

The presence of multiple pulmonary micronodules and ground-glass nodules is suspicious for metastatic spread. Differential diagnoses included less likely inflammatory lesions.



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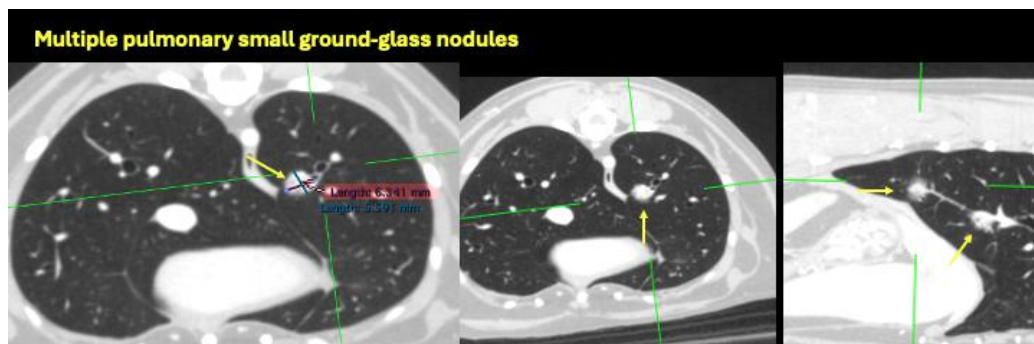
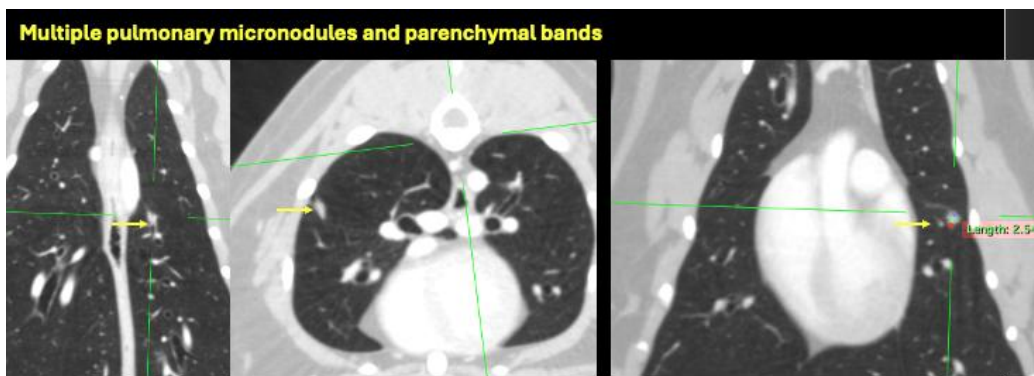
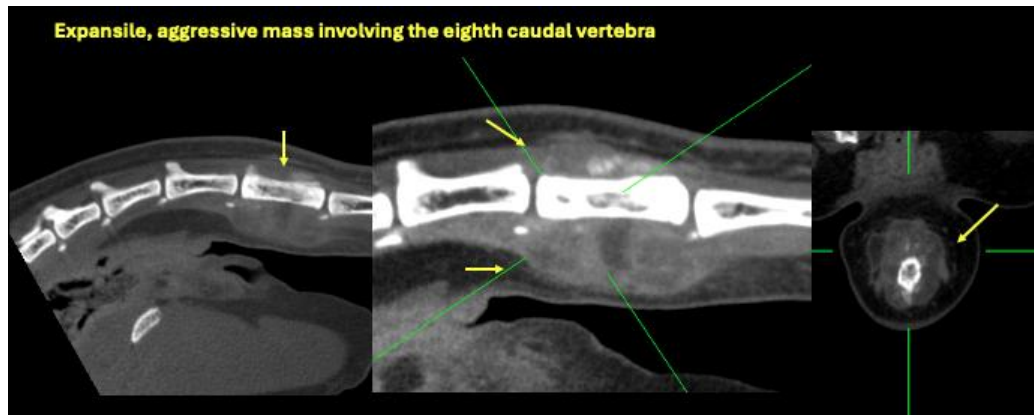
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Teleradiology

Educational Teleconsultation Services™

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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](mailto:info@sonopath.com)