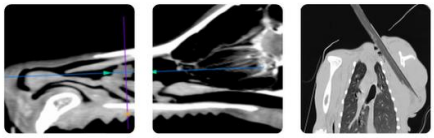


PATIENT

Zoey DeGroot

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

13Y

WEIGHT

7.01lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tina Lynn, CVT/George Eales,DVM

HOSPITAL NAME

Green Prairie Animal Hospital

REFERRING VET

Dr. George Eales

INVOICE

75129

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Has been losing weight and has a firmly attached mass on last rib on Rt side measuring approx 2.5cm

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen is provided for review totaling 4 series. One pre-contrast series of the abdomen (soft tissue algorithm). one pre-contrast series of the thorax (bone algorithm). One post-contrast series of the thorax (soft tissue algorithm). One post-contrast series of the abdomen (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX & ABDOMEN

A large, well-defined contour, cavitary soft tissue attenuating mass is identified within the right lateral abdominal wall, located approximately 0.8 cm caudal to the last right rib and interposed between the external abdominal oblique and internal abdominal oblique musculature. The lesion is amorphous in shape, measures approximately 2.9 × 4.7 × 3.0 cm, and contains centrally hypoattenuating cavitary material surrounded by a mildly thickened irregular contrast-enhancing capsule/wall.

A second elongated small lesion is identified along the right thoracic wall at the level of the sixth and seventh intercostal spaces, also involving the external abdominal oblique musculature. This lesion measures approximately 1.3 × 0.65 cm.

Within the lungs, a large cavitary soft tissue attenuating mass is identified within the cranial subsegment of the left cranial lung lobe, resulting in near-complete replacement of this pulmonary segment. The lesion measures approximately 1.8 × 3.6 cm and contains a centrally hypoattenuating cavitary component surrounded by an irregularly thickened and heterogeneously contrast-enhancing wall. The bronchus supplying the affected pulmonary subsegment is collapsed and likely incorporated by the lesion.

Innumerable pulmonary micronodules, small and large nodules are distributed throughout all pulmonary lobes. The larger nodules measure up to approximately 1.1 × 0.8 cm, while the micronodules measure approximately 1.3 mm.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are mildly enlarged.

The trachea and remaining bronchial structures are within normal limits.

The ribs are within normal limits, with no evidence of cortical lysis or aggressive osseous change.

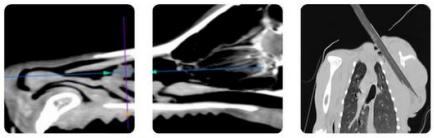
Multifocal complete and incomplete bridging spondylosis deformans is present throughout the thoracic vertebral column.

The cardiac silhouette and great vessels are within normal limits.

The esophagus, pleural space, and diaphragm are unremarkable.

ABDOMEN

The liver is within normal limits in size, shape, contour, and attenuation, with homogeneous contrast enhancement. The gallbladder, biliary tract, and common bile duct are unremarkable.



PATIENT

Zoey DeGroot

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

13Y

WEIGHT

7.01lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tina Lynn, CVT/George Eales,DVM

HOSPITAL NAME

Green Prairie Animal Hospital

REFERRING VET

Dr. George Eales

INVOICE

75129

DATE

5-26-26

The spleen is mildly enlarged, likely partially related to anesthesia, Discrete small fat-attenuating nodular structures are present along the splenic margins, compatible with splenic myelolipomas. The remaining splenic parenchyma demonstrates homogeneous parenchymal attenuation and contrast enhancement.

The pancreas and abdominal lymph nodes are within normal limits.

The kidneys are normal in size, shape, and contour. Multifocal small wedge-shaped hypoattenuating cortical defects are identified bilaterally. The renal pelves and ureters are within normal limits.

The stomach and gastrointestinal tract demonstrate normal wall thickness, luminal distension, and anatomical distribution.

Small foci of mineral attenuation are identified within both adrenal glands, consistent with incidental adrenal mineralization.

The abdominal great vessels are within normal limits.

The mesenteric and serosal fat demonstrate normal attenuation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cavitary mass involving the right lateral abdominal wall musculature and a second smaller right thoracic wall muscular elongated nodule. Primary differential diagnoses include soft tissue neoplasia, such as feline vaccine-associated sarcoma, fibrosarcoma, or other sarcomas), less likely metastatic disease.
- Large cavitary pulmonary mass affecting the cranial subsegment of the left cranial lung lobe, associated with collapse/obliteration of the corresponding bronchus. Findings are most consistent with pulmonary neoplasia with central cavitation/necrosis, primary or metastatic.
- Innumerable pulmonary nodules and micronodules distributed throughout all lung lobes, Primary differential diagnoses include metastatic pulmonary disease.
- Mild enlargement of the sternal, cranial mediastinal, and tracheobronchial lymph nodes, metastatic or reactive lymphadenopathy.
- Mild splenomegaly, likely partially anesthetic-related, with incidental splenic myelolipomas.
- Multifocal mild chronic renal cortical infarcts.
- Incidental bilateral adrenal mineralization.
- Multifocal thoracic spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate multiple lesions involving the thoracic and thoraco-abdominal wall, along with a large cavitary pulmonary mass within the left cranial lung lobe accompanied by multifocal pulmonary soft tissue nodules. Overall, findings strongly support disseminated metastatic neoplastic disease, with the thoraco-abdominal wall lesion considered the most likely primary site.

However, although less likely, a multifocal fungal infection with concurrent cutaneous and pulmonary involvement, such as blastomycosis, should be considered as a differential diagnosis. Pulmonary blastomycosis is a well-recognized differential for this type of lesion in dogs from endemic areas; only few reports of feline blastomycosis have been identified in the literature, and therefore this differential should still be considered in patients from endemic regions.

PATIENT

Zoey DeGroot

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

13Y

WEIGHT

7.01lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tina Lynn, CVT/George Eales,DVM

HOSPITAL NAME

Green Prairie Animal Hospital

REFERRING VET

Dr. George Eales

INVOICE

75129

DATE

5-26-26

Consider ultrasound-guided fine-needle aspiration of the thoraco-abdominal wall mass and of the left cranial lung lobe lesion for cytologic evaluation, with assessment for both neoplastic cells and fungal organisms.

Consider urine Blastomyces antigen EIA as a complementary, minimally invasive screening test.

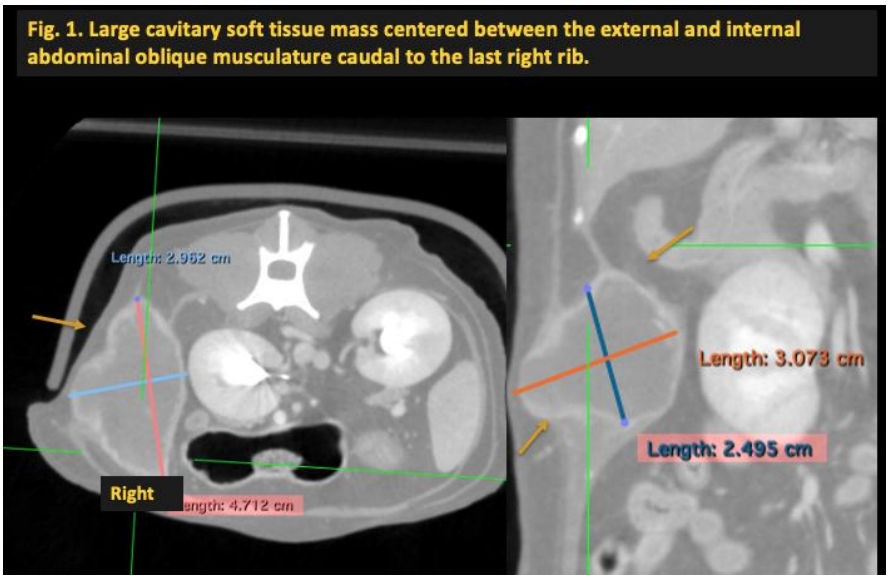


Fig. 1. Large cavitary soft tissue mass centered between the external and internal abdominal oblique musculature caudal to the last right rib.

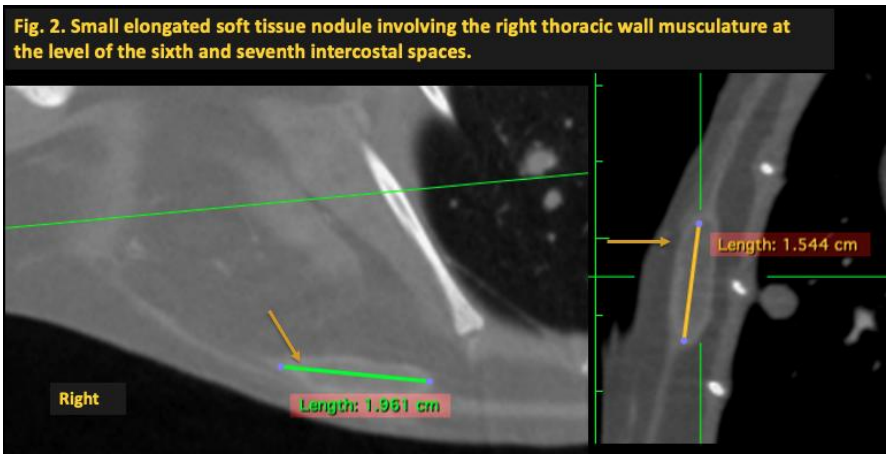


Fig. 2. Small elongated soft tissue nodule involving the right thoracic wall musculature at the level of the sixth and seventh intercostal spaces.

PATIENT

Zoey DeGroot

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

13Y

WEIGHT

7.01lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tina Lynn, CVT/George Eales,DVM

HOSPITAL NAME

Green Prairie Animal Hospital

REFERRING VET

Dr. George Eales

INVOICE

75129

DATE

5-26-26

Fig. 3. Large cavitary mass replacing the cranial subsegment of the left cranial lung lobe

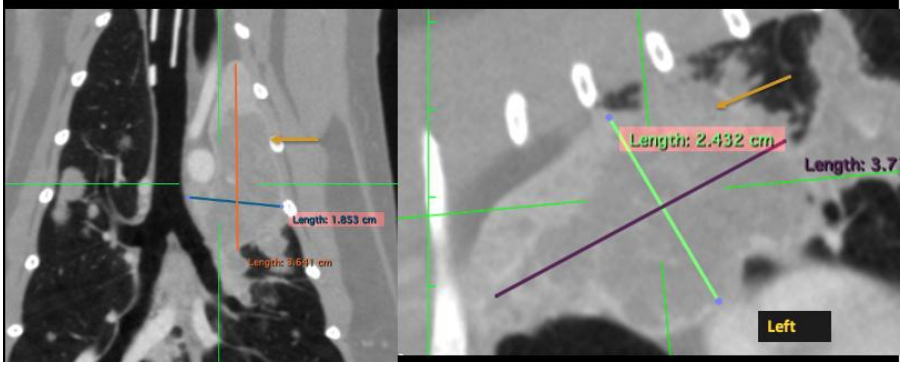
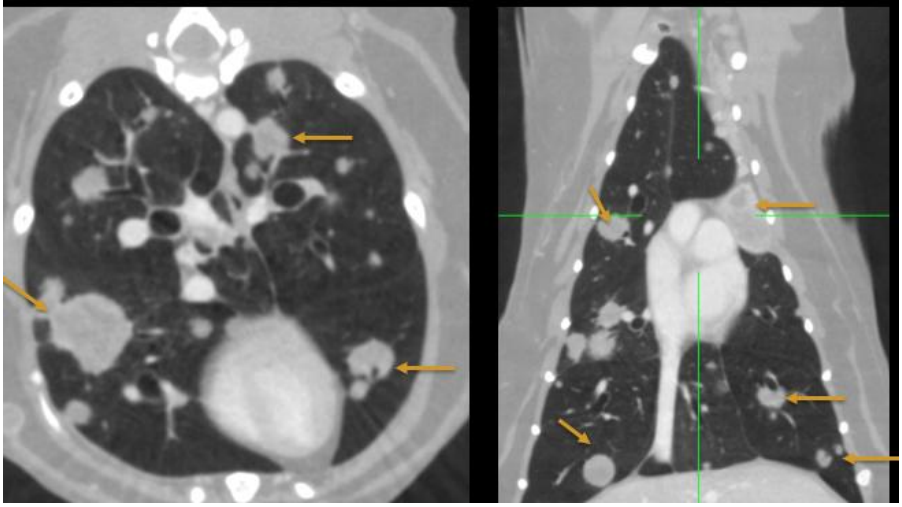


Fig. 4. Innumerable pulmonary nodules and micronodules distributed throughout all lung lobes, consistent with metastatic pulmonary disease.



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