



PATIENT PRESENTING CLINICAL SIGNS

Tuxedo Wong Hoo Meng
Referral for CT Scan. Pet history please refer to the attachment.

COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN

SPECIES A pre- and post-contrast CT study of the abdomen and thorax are provided for review. A totaling of 3 series. One pre-contrast soft tissue algorithm. Two post-contrast soft tissue algorithm.

Feline

COMPUTED TOMOGRAPHIC FINDINGS

BREED

Domestic Short Hair

There is a markedly large, irregular, mass effect with ill-defined border, heterogeneous enhancement, and hypoattenuating central areas in the retroperitoneal space. The mass effect begins at the height of the pre-hepatic caudal vena cava and travels throughout the pelvic region, contiguous with the internal abdominal wall. The mass also reaches more ventrally and displaces into the peritoneal cavity, more to the left abdominal side. The mass involves the large abdominal vessels, such as, the aorta, caudal vena cava, and their tributaries, including the renal vessels. The adrenal glands are not clearly defined and likely within the retroperitoneal mass. The mass measures approximately 15.0cm x 8.3cm x 5.9cm.

SEX

Male

At least three para-aortic lymph nodes are enlarged, rounded, mildly heterogeneous, and enhancing seen adjacently.

AGE

11

The retroperitoneal mass displaces the descending colon ventrally and to the right side of the abdomen.

The retroperitoneal mass displaces the urinary bladder ventrally and to the right side of the abdomen.

INTERPRETED BY

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

Mild fat stranding in the retroperitoneal space adjacent to the mass effect is seen.

The kidneys are subjectively enlarged, with normal shape and regular contours. The renal pelvis and ureters are normal, without dilatation. However, the ureters are contiguous with the mass in some portions, and the left ureter is also displaced in the distal region.

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The urinary bladder is mildly filled with hypoattenuating material and with mixed hyperattenuating material in the later contrast phase.

A few multifocal, hypoattenuating nodules, with rounded to ill-defined borders, are seen within the liver. The lesions measure approximately 0.7cm to 1.2cm in diameter. The gallbladder is unremarkable.

REFERRING VET

Dr. Sivan

The spleen is mildly enlarged, homogeneously soft tissue attenuating, and uniformly contrast-enhancing.

The stomach is empty, filled with a minimal amount of hypoattenuating fluid material and gas.

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The duodenum and small intestine are mildly dilated and contain a small amount of homogeneous hypoattenuating fluid and gas.

The colon is predominantly gas-filled and contains a small amount of heterogeneous soft tissue attenuating fecal material.

DATE

5-3-23



PATIENT The pancreas and mesentery are normal.

Tuxedo Wong Hoo Meng

The iliac lymph nodes are not identified because of the mass effect.

The remaining abdominal lymph nodes are unremarkable.

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The inguinal lymph nodes are enlarged, rounded in shape, and heterogeneously enhanced.

A moderate swelling is seen in the subcutaneous soft tissue, ventrally, and predominantly in the inguinal region.

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The sacral and lumbar vertebrae are unremarkable; there is no evidence of bone involvement.

On collimation thorax, mild pleural effusion is seen dorsally and is gravity dependent.

SEX

Male

Markedly large in size, retroperitoneal mass effect, which surrounds large abdominal vessels, para-aortic lymph nodes, and adrenal glands, that is contiguous with the kidney vessels and ureters, and displaces adjacent organs such as the descending colon and bladder. The differential diagnosis is neoplasm process, for example, myxosarcoma, hemangiosarcoma, other sarcoma types, and less likely retroperitoneal abscess by feline mycobacterium.

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- Adjacent retroperitoneal steatitis or mild effusion.
- Multifocal hypoattenuating hepatic nodules: differential diagnosis includes metastatic disease, nodular hyperplasia, regenerative nodules, and hepatic adenoma.
- Inguinal lymphadenitis, metastatic or reactive.
- Ventral soft tissue abdominal and inguinal swelling, or inflammation
- Minor pleural effusion, inflammatory, transudate or metastatic.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The tomographic findings confirm the previously identified intraabdominal mass, and it is located predominately in the retroperitoneal space, filling the retroperitoneal space almost completely. There are possible adhesences in large abdominal vessels, the ureters, urinary bladder, and descending colon that could explain the clinical signs of difficulty to urinate and defecate. As performed, a biopsy is required for diagnosis. The size, location, and characteristics of the mass show aggressive behavior. A palliative treatment can be considered depending on the tumor type, but resectability with margins is extremely difficult. The long-term prognosis is poor.

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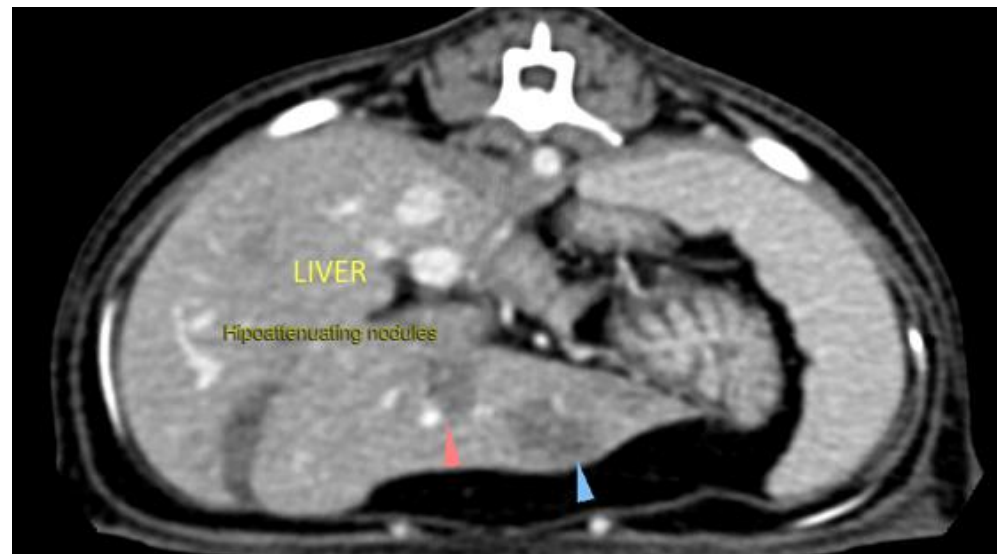
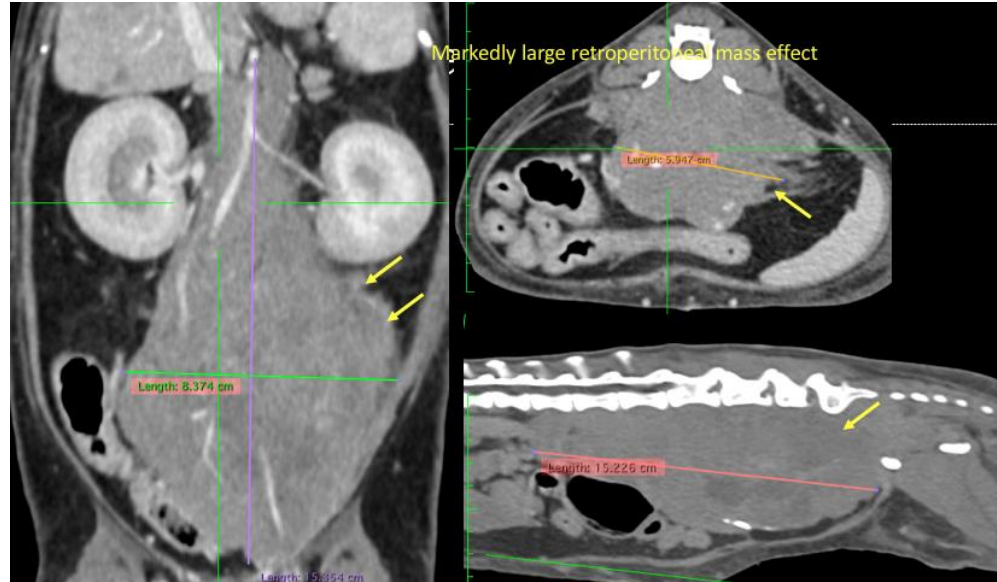
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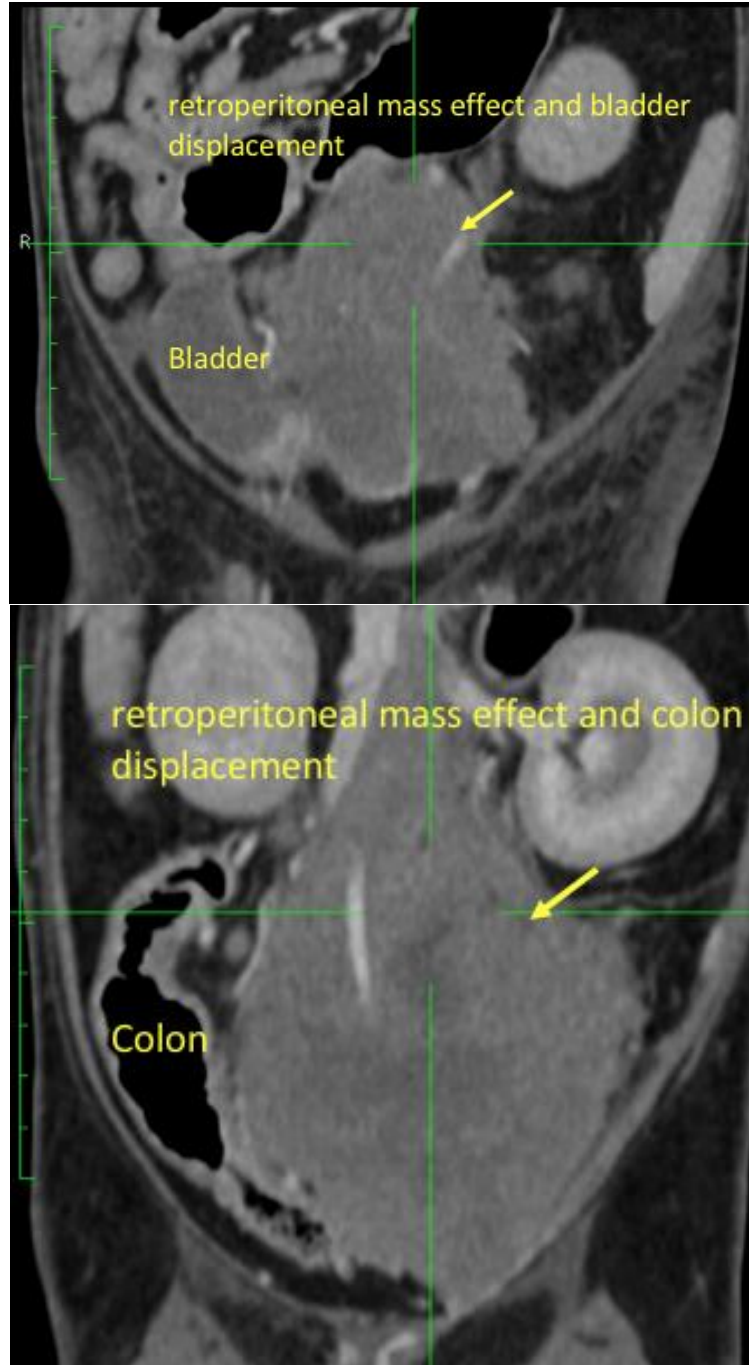
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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