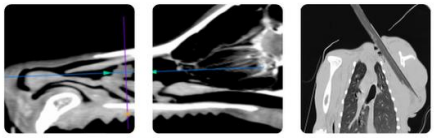


PATIENT

Winter Mellingen

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11Y

WEIGHT

11lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burge

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Bay Valley Veterinary Hospital

INVOICE

74913

DATE

5-6-26

PRESENTING CLINICAL SIGNS

Pet was evaluated on 4/28 for recent onset of vomiting, decreased appetite, lethargy, and weight loss. Abdominal mass was palpated and confirmed on radiographs. Bloodwork showed non-regenerative anemia and mild elevated SDMA. Pet has a history of mild hypercalcemia noted in 12/2025. CT performed to determine if mass is resectable

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen is provided for review totaling 2 series. One pre-contrast series of the abdomen (soft tissue algorithm). One post-contrast series of the abdomen (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

A large abdominal mass is identified within the right mid to caudal abdominal cavity. The mass is multilobulated and irregularly marginated, with heterogeneous attenuation and mixed contrast enhancement. Multiple dystrophic mineralized foci are present within the lesion, along with several cystic-cavitary hypoattenuating regions and peripheral contrast enhancement. The mass measures at least 7.1 × 8.6 x 8.8 cm

The lesion is centered in the region of the ileocolic junction and mesenteric lymph nodes. Adjacent intestinal loops are closely associated with the mass, with suspected adhesions and/or extramural involvement in few portions. The mass encases the mesenteric root vasculature, including the cranial mesenteric veins. caudal mesenteric veins, formation of portal vein and the mesenteric artery. It also extends into the right retroperitoneal space, causing compression and signs of intraluminal invasion of the caudal vena cava in the pre-renal and renal segments.

Multiple mildly enlarged adjacent/satellite lymph nodes are present.

The spleen is normal in size but demonstrates a multilobulated contour and heterogeneous contrast enhancement, with multifocal hypoattenuating subcapsular and intraparenchymal nodules.

The liver is within normal limits for size, shape, contour, and attenuation. The gallbladder is unremarkable.

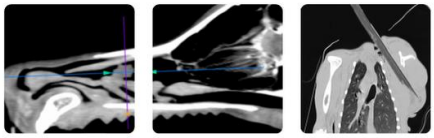
The stomach is moderately distended with gas and fluid/foamy content. No gastric mural abnormality is identified.

The duodenum is preserved; however, its distal aspect is closely associated with the previously described mass.

The pancreas is within normal limits. Mild prominence of the pancreatic duct is noted, remaining within normal anatomical limits.

The right kidney is enlarged, irregularly marginated, and mildly bulging in contour. Two hypoattenuating corticomedullary nodules extending toward the renal capsule are identified, measuring approximately 1.9 cm and 1.2 cm, respectively. The renal pelvis is within normal limits. The left kidney is unremarkable.

The descending colon contains a mild amount of heterogeneous fecal material and gas. No mural abnormality is identified.



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The urinary bladder is moderately distended with homogeneous hypoattenuating fluid material. Wall thickness is within normal limits.

The medial iliac and periportal lymph nodes are within normal limits.

The serosal fat shows normal attenuation.

Multifocal complete and incomplete bridging spondylosis deformans are present throughout the lumbar spine.

Additionally, there is bilateral coxofemoral joint incongruence associated with periarticular ossifications, a few osteochondromas.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right-sided abdominal mass centered in, or closely associated with, the ileocolic junction region and mesenteric lymph nodes, exhibiting heterogeneous contrast enhancement, cavitary areas, dystrophic mineralization, and extensive vascular encasement/invasion involving the mesenteric vessels and caudal vena cava, with extension into the right retroperitoneal space. Adjacent intestinal involvement and/or adhesions are suspected. Differential diagnoses include aggressive intestinal or mesenteric neoplasia, such as lymphoma, visceral mast cell tumor, gastrointestinal stromal tumor (GIST), or, less likely, adenocarcinoma.
- Multiple mildly enlarged regional/satellite lymph nodes, most consistent with metastatic involvement.
- Splenic heterogeneous nodular changes and multilobulated contour. Differential diagnoses include metastatic involvement, nodular hyperplasia, extramedullary hematopoiesis, or infiltrative disease.
- Right renomegaly with two hypoattenuating corticomedullary nodules. Differential diagnoses include metastatic disease, primary renal neoplasia, or lymphoma.
- Multifocal lumbar spondylosis deformans.
- Bilateral coxofemoral joint incongruence with concurrent osteoarthrosis, periarticular ossifications, and a few osteochondromas/enthesophytes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic examination reveals a large abdominal mass centered in the ileocolic and mesenteric root region, with marked local invasiveness. The lesion demonstrates extensive vascular encasement and probable invasion of the caudal vena cava, with extension into the right retroperitoneal space. Close association with adjacent intestinal segments raises concern for mural involvement and/or adhesions.

Given the involvement of the mesenteric root vasculature and caudal vena cava, complete surgical resection may be challenging or not feasible.

The presence of enlarged regional lymph nodes, splenic nodular lesions, and right renal nodules increases concern for multicentric or metastatic disease.

Recommended next steps include ultrasound-guided fine-needle aspiration definitive diagnosis. Cytologic evaluation of the splenic and renal lesions may also be considered if clinically indicated.

Thoracic staging is recommended if not previously performed. Oncology consultation is advised for therapeutic planning and prognosis assessment.

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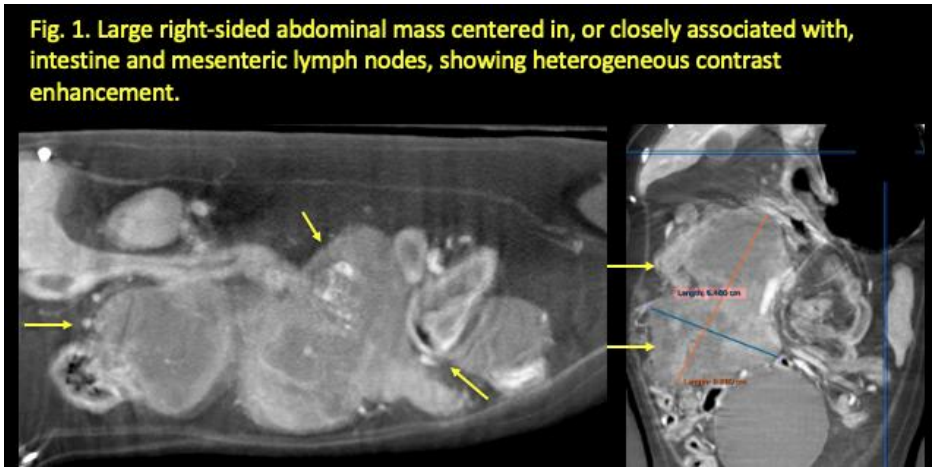

Fig. 1. Large right-sided abdominal mass centered in, or closely associated with, intestine and mesenteric lymph nodes, showing heterogeneous contrast enhancement.

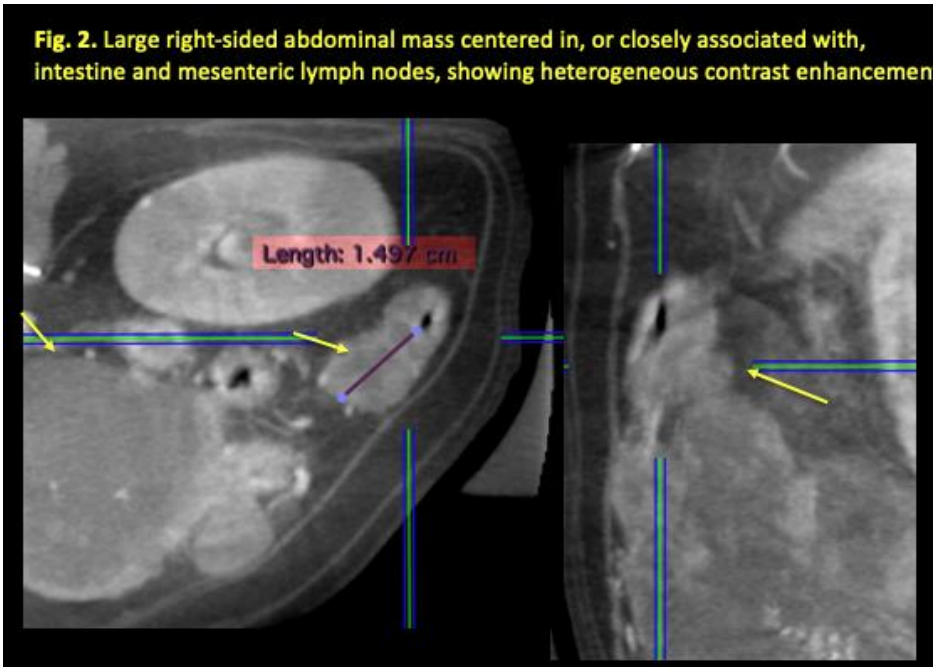

Fig. 2. Large right-sided abdominal mass centered in, or closely associated with, intestine and mesenteric lymph nodes, showing heterogeneous contrast enhancemen

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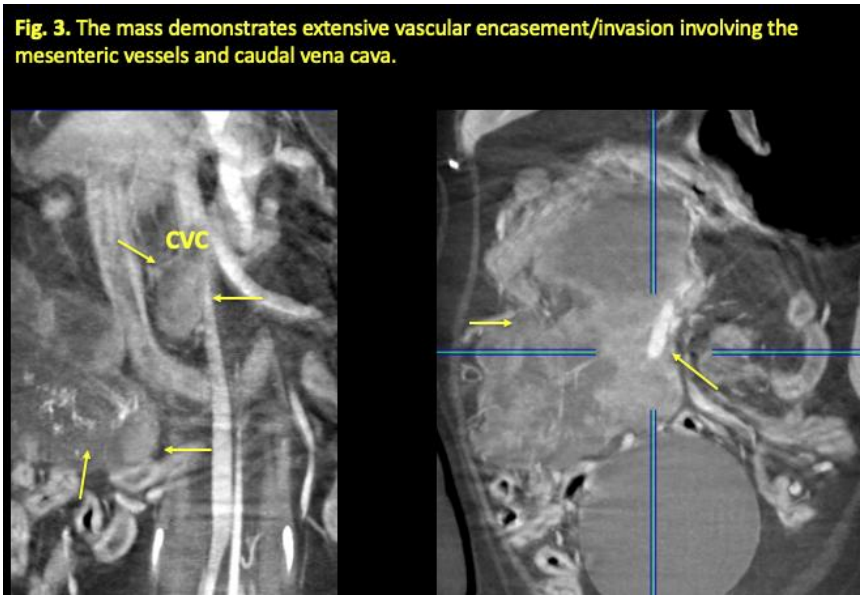

Fig. 3. The mass demonstrates extensive vascular encasement/invasion involving the mesenteric vessels and caudal vena cava.

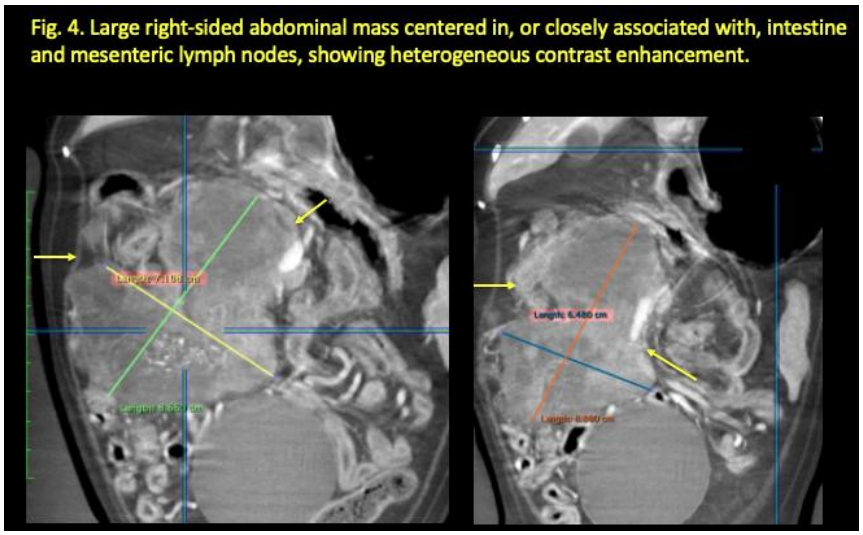

Fig. 4. Large right-sided abdominal mass centered in, or closely associated with, intestine and mesenteric lymph nodes, showing heterogeneous contrast enhancement.

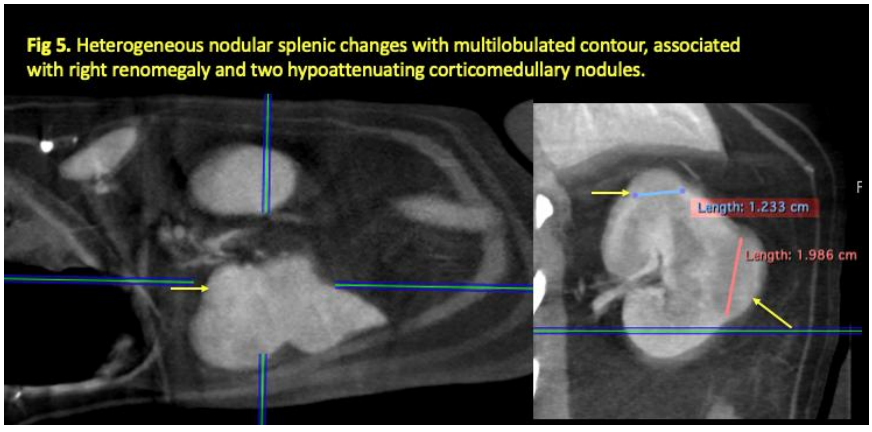

Fig 5. Heterogeneous nodular splenic changes with multilobulated contour, associated with right renomegaly and two hypoattenuating corticomedullary nodules.

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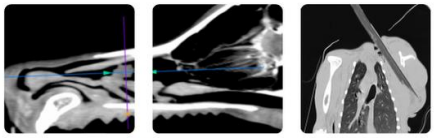

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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