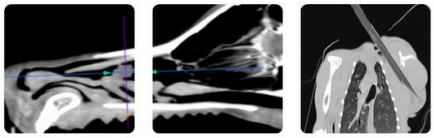

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PATIENT

Milo #32340A-CT
Babb-Sandison

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3Y, 1M

WEIGHT

12.9lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pete Bashara, DVM

HOSPITAL NAME

Gentle Doctor Animal Hospital

REFERRING VET

Sydney Thorson, DVM

INVOICE

75307

DATE

6-4-26

PRESENTING CLINICAL SIGNS

Presented initially 4/30 for left hind limping that partially improved on onsior. Represented 5/14 for firm, lobulated swellings under jaw, more significant on right side. Slow decline in appetite over past few weeks. No initial improvement on prednisolone and clavamox, partial improvement in swelling ~7 days into marbofloxacin.
Abnormal PE/Chem/CBC/UA Results: FNA of right mandible swelling consistent with moderate to marked reactive lymphoid hyperplasia and no overtly neoplastic cells detected. Albumin L 2.1, Globulin H 5.4. WBC 15900, Neutrophils 12879, HCT 30. Coronavirus IFA positive at 1:400 but negative at 1:1600. New finding of free fluid in abdomen 6/4

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the head, thorax and abdomen are provided for review totaling 5 series. One pre-contrast series of the head bone algorithm. One pre-contrast series of the thorax bone algorithm. One pre-contrast series of the abdomen soft tissue algorithm. Two post-contrast series of whole-body, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Marked generalized lymphadenomegaly involving the entire cranial and cervical lymphatic chain. Enlargement is most pronounced in the mandibular and medial and lateral retropharyngeal lymph nodes. Affected lymph nodes are rounded, severely heterogeneous, and measure up to approximately 1.6 × 1.2 cm, with the largest retropharyngeal lymph node measuring approximately 2.1 × 1.5 cm.

Additional enlargement of superficial and deep cervical lymph nodes is present, with nodes appearing rounded to elongated and mildly heterogeneous.

Mild diffuse reduction in fat attenuation within the facial and cervical subcutaneous tissues is noted, consistent with regional soft tissue edema.

The facial bones and calvarium are unremarkable.

The globes, retrobulbar spaces, salivary glands, thyroid glands, nasal cavities, nasopharynx, calvarium, brain, external ear canals, tympanic bullae, and teeth are unremarkable.

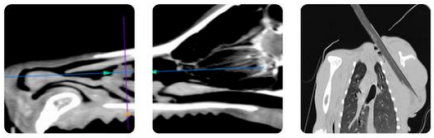
The trachea and cervical esophagus are unremarkable.

THORAX

Moderate enlargement of cranial mediastinal and thoracic inlet lymph nodes (sternal). Mild enlargement of tracheobronchial lymph nodes is present. Additional enlarged lymph nodes are identified along the lateral thoracic wall.

The trachea and main bronchi are within normal limits.

There is mild, scattered ground-glass attenuation within the pulmonary parenchyma, likely representing mild atelectatic changes. No pulmonary micronodules, nodules, or masses.



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

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

The pleural space and diaphragm are unremarkable.

The thoracic esophagus is unremarkable.

Numerous tiny soft tissue attenuating nodules are scattered throughout the dorsal and ventral subcutaneous tissues of the thorax and extending into the abdominal body wall. These nodules measure approximately 4–5 mm in diameter and homogeneous.

Thoracic musculoskeletal structures, ribs, and vertebral column are unremarkable.

ABDOMEN

Multifocal moderate lymphadenomegaly involving numerous abdominal lymph node groups, including jejunal mesenteric, perigastric, peripancreatic, perisplenic, para-aortic, and medial iliac lymph nodes.

Diffuse increased attenuation (fat stranding) of the mesenteric fat is present. A small volume of free peritoneal fluid is identified, predominantly within the ventral abdomen.

The pancreas is mildly enlarged and displays a striated appearance.

The liver, gallbladder, spleen, kidneys, gastrointestinal tract, and remaining abdominal organs are within normal imaging limits.

No abdominal mass effect is identified.

Moderate fecal material is present within the descending colon.

There is also diffuse increased attenuation of the subcutaneous adipose tissues throughout the body wall, compatible with generalized subcutaneous edema.

No significant osseous abnormalities are detected.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked generalized lymphadenomegaly involving craniofacial, cervical, thoracic, and abdominal lymph node groups, with many lymph nodes displaying rounded morphology and heterogeneous internal architecture.
- Numerous disseminated subcutaneous soft tissue micronodules throughout the thoracic and abdominal body wall.
- Diffuse mesenteric fat stranding with mild peritoneal effusion and generalized subcutaneous edema.
- Pancreatic striation and mild enlargement are consistent with pancreatic edema
- No primary mass lesion identified within the head, neck, thorax, or abdomen.
- No significant pulmonary, hepatosplenic, renal, gastrointestinal, or osseous abnormalities detected.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a combination of severe generalized lymphadenomegaly, multifocal subcutaneous micronodules, diffuse mesenteric fat stranding, mild peritoneal effusion, and generalized subcutaneous soft tissue edema, supporting the presence of a disseminated systemic disease process.

Differential diagnoses include systemic infectious diseases, generalized reactive lymphoid hyperplasia, and feline infectious peritonitis (FIP). Although FIP should be considered given the clinical and laboratory findings, the absence of characteristic granulomatous lesions involving abdominal organs or other tissues is somewhat atypical. Nevertheless, these findings may still be compatible with a predominantly non-effusive form of FIP with early transition to a mixed or partially effusive presentation. Other systemic infectious or granulomatous diseases should also remain differential considerations.

The imaging findings are not specific, and multicentric lymphoma remains an important differential diagnosis. An unusual feature in this case is the presence of numerous disseminated subcutaneous micronodules. Although rare and not entirely typical from a tomographic standpoint, a diffuse non-epitheliotropic cutaneous T-cell lymphoma should be considered among the differential diagnoses, particularly if the subcutaneous nodules represent infiltrative lymphoid disease.

Further diagnostic investigation is recommended, including repeat fine-needle aspiration and/or excisional biopsy with histopathologic evaluation of an accessible enlarged peripheral lymph node, as well as biopsy of representative subcutaneous micronodules. Testing for FeLV and FIV is also recommended if not previously performed.

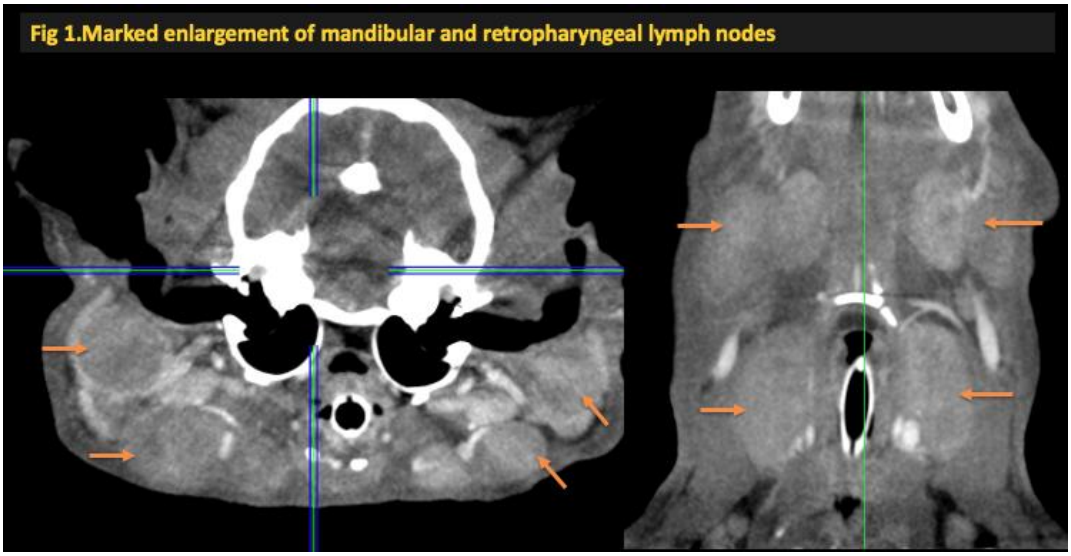

Fig 1.Marked enlargement of mandibular and retropharyngeal lymph nodes

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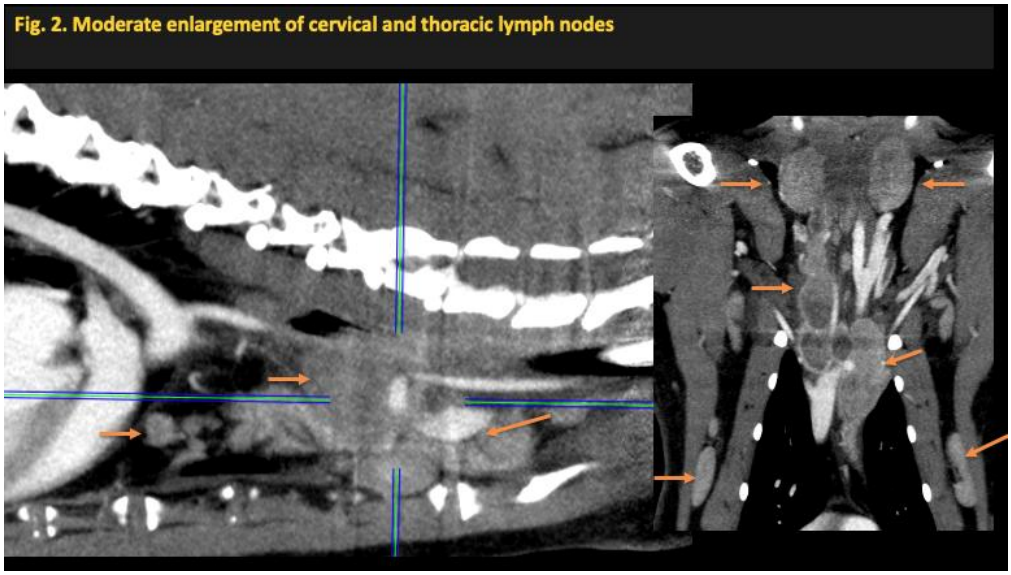

Fig. 2. Moderate enlargement of cervical and thoracic lymph nodes

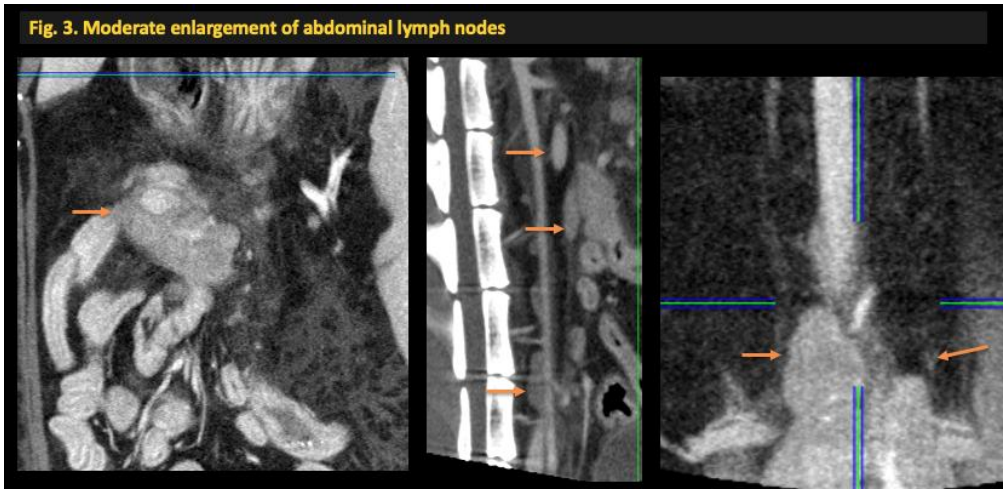

Fig. 3. Moderate enlargement of abdominal lymph nodes

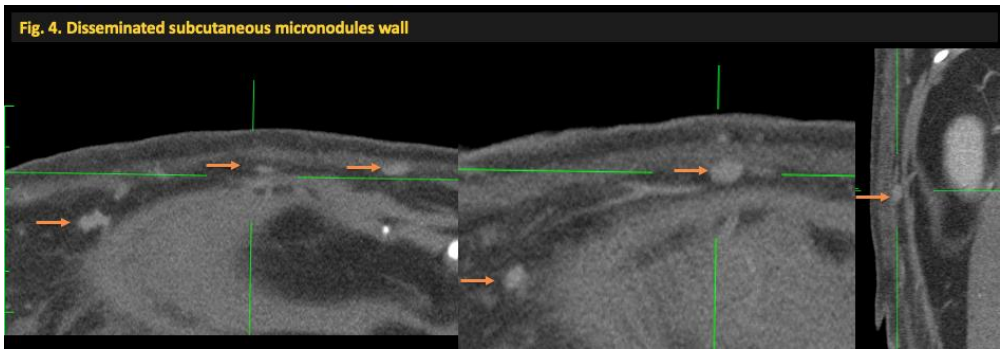

Fig. 4. Disseminated subcutaneous micronodules wall

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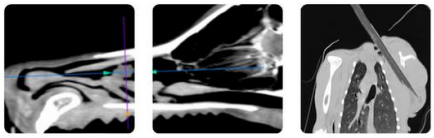

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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