

**PATIENT**

Macarena Mora

SPECIES

Feline

BREED

Domestic Shorthair

SEX

SF

AGE

2 Years

INTERPRETED BYHeike Rudolf, DVM,
Dr. med. Vet.,
DipECVDDI DVR**HOSPITAL NAME**Paseos Veterinary
Center**REFERRING VET**

Dr. M. Martes, DVM

INVOICE

50082

DATE

2-4-22

PRESENTING CLINICAL SIGNS

Patient was presented for removal of mass at right axilla. Patient has history of previous masses on right frontlimb. Biopsy with IHC of these masses was strongly suggestive of pleomorphic mast cell tumors. Prior to removing axillary mass, radiographs were taken to determine if there were pulmonary nodules.

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable BUN test --- normal

RADIOGRAPH OF THE THORAX

2 x RLR, 1x LLR, 1x VD

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

Only the right rib is present on T13.

An ill-defined approx. 1cm long, increase in soft tissue opacity is located in the dorsal lung field superimposed onto the proximal aspect of rib 9. It is evident on the views labelled L and R.

Mediastinum and cardiac silhouette appear physiological.

RADIOGRAPHIC DIAGNOSIS

- Localized increased opacity caudo-dorsal lung field
- Missing rib T13 (incidental finding)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The increased opacity most likely represents an artefact as it is more rectangular than nodular and visible in both lateral recumbencies. Alveolar infiltrate due to inflammation or infection is a differential diagnosis. Small nodules and mild lymphadenomegaly (e.g. prescapular, mediastinal and sternal lymph nodes) are only visible on CT examinations which should be considered in such a young animal. The lungs are often spared even if metastases are present in spleen and liver; thus, abdominal ultrasound with FNA of the parenchymatous organs is recommended.



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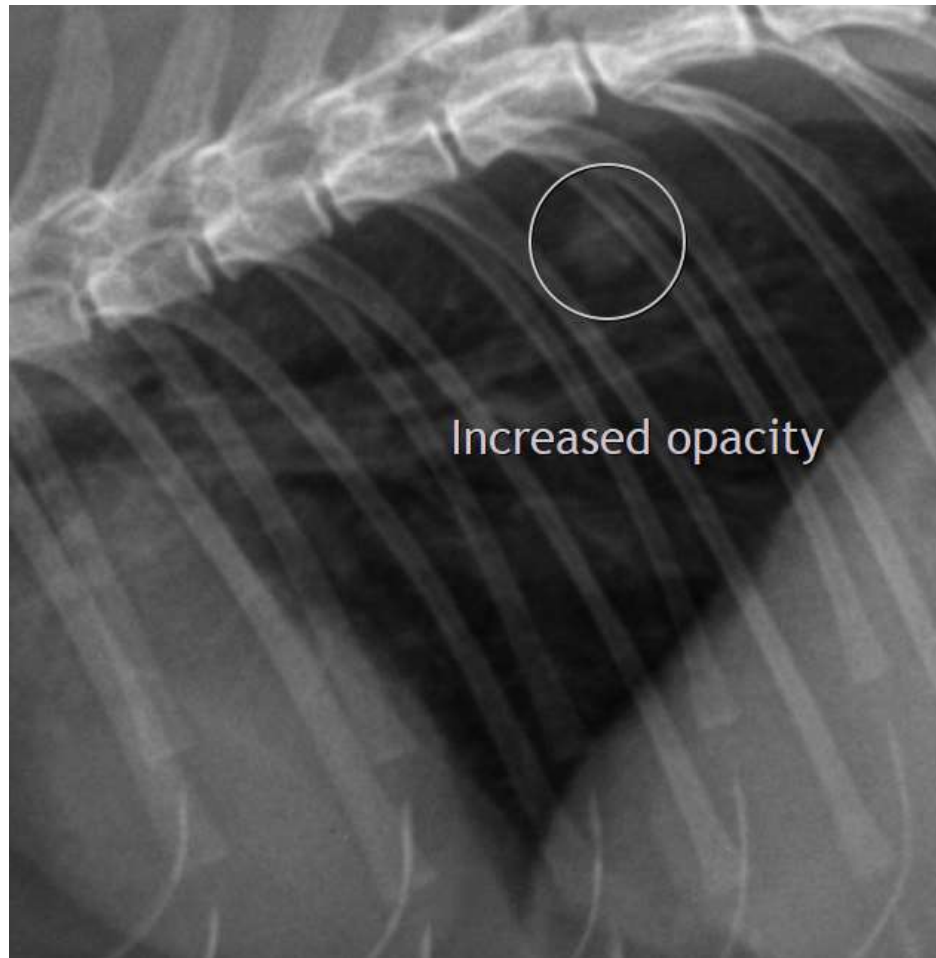
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com