



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Theodore Beegle

SPECIES
Feline

BREED
Scottish Fold

SEX
NM

AGE
9 Years, 10 Months

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
DPC Veterinary Hospital

REFERRING VET
Dr. Ward

INVOICE
56275

DATE
1-19-23

History: 9yr 10m old NM scottish fold presented today to check the neck. O noticed nodule on L side - palpation: both submandibular lymph nodes enlarged and irregularly shaped. Owner says Theodore is behaving normally and eating/drinking normally otherwise.

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
Hydration: Adequate Mentation: BAR EENT: Mild epiphora OD,. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Mild dental tartar Lymph Nodes: Bilateral submandibular lymphadenopathy, left larger than right. Right side: grape-sized, left side: lima bean-sized. Third firm circumscribed swelling palpated just proximal to thyroid gland, chickpea-sized. prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 3/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing Needed: Thoracic radiographs--pending consult; subjectively solitary pulmonary nodule appears larger than in 2020 but no obvious additional nodules. Awaiting radiologist interpretation (nodule was previously 8mm in diameter) FNA of submandibular lymph nodes--pending

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

Patient has a known interstitial pulmonary nodule of 8mm diameter within the left caudal lung lobe reportedly.

The lungs are deeply inflated. The ribcage is expanded.

Mild esophageal aerophagia is noted.

A single soft tissue opaque nodule of 2cm diameter is seen in the ventral aspect of the left caudal lung lobe. No additional pulmonary nodules are identified. A mild generalized bronchial lung pattern is noted and evenly distributed throughout the lung.

There is no radiographic evidence of cardiovascular pathology or mediastinal widening. The vertebral heart score is 8 which is within the reference range of 8.5.

No evidence of mediastinal lymphadenomegaly is seen.

RADIOGRAPHIC DIAGNOSIS

- Growing single soft tissue nodule within the left caudal lung lobe.
- Mild generalized bronchial lung – presumably age related.



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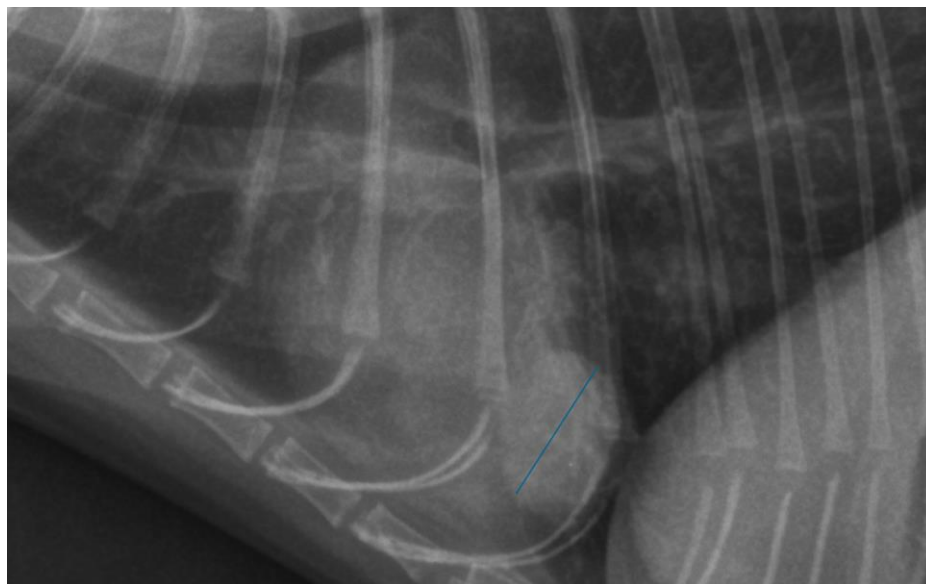
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue nodule within the left caudal lung lobe has approximately doubled its size since the latest radiographic recheck in 2020. Differential diagnosis includes primary or secondary pulmonary neoplasia including bronchial carcinoma, and less likely pulmonary sarcoma, or metastatic disease. Bronchial carcinoma in cats can be slow growing. Nevertheless, pulmonary granuloma cannot be ruled out entirely as a differential diagnosis even though considered by far less likely. Further definition by means of ultrasound guided fine needle aspiration of the nodule could be considered. Since the nodule is in a favorable peripheral position, using a parasternal intercostal approach at approximately the 10th intercostal space from the lefthand side



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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com