



**PATIENT**

Daphne Allegro

**PRESENTING CLINICAL SIGNS**

Intermittent vomiting and decrease in appetite for the past few weeks and loss of weight of 2.4 lbs in 6 months. All else WNL.  
Abnormal PE/Chem/CBC/UA Results: All pending. PE WNL. FIV POSITIVE

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

Right/left lateral and ventrodorsal whole body views totaling 5 images available for review.

**BREED**

DSH

Abdominal read requested.

**RADIOGRAPHIC FINDINGS**

There are 2 nodular masses of the right and left thoracic wall. The larger one is in the right thoracic wall between the 8<sup>th</sup> and 9<sup>th</sup> rib and the smaller one between the 7<sup>th</sup> and 8<sup>th</sup> left rib.

**SEX**

Female Spayed

The abdominal serosal detail is maintained.

Gastric aerophagia is noted.

**AGE**

8 Years, 2 Months

The small intestinal loops appear to be bunched together in the mid abdomen with a discrepant gas pattern.

The liver and spleen present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Mineral opaque foci are superimposed onto the renal pelvis of both kidneys. There appears to be a mass effect in the lateral contour of the left kidney. See image below.

**RADIOGRAPHIC DIAGNOSIS**

- Small intestinal maldigestion pattern
- Gastric aerophagia
- Thoracic wall masses
- Suspect left renal mass effect.
- Bilateral hypercalcemic nephropathy.

**HOSPITAL NAME**

Northvale Veterinary  
Clinic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Stefanie Simon

There appear to be multiple thoracic wall masses. Differential diagnosis includes neoplasia, abscess, cyst, hematoma, granuloma. Clinical palpation and fine needle aspiration could be considered for further definition as well as ultrasound or CT.

**INVOICE**

56002

Full abdominal ultrasound would also be recommended in order to further define the potential presence of structural mesenteric or small intestinal lesions as well as the potential presence of a left renal mass. CT could be considered alternatively.

**DATE**

1-4-23



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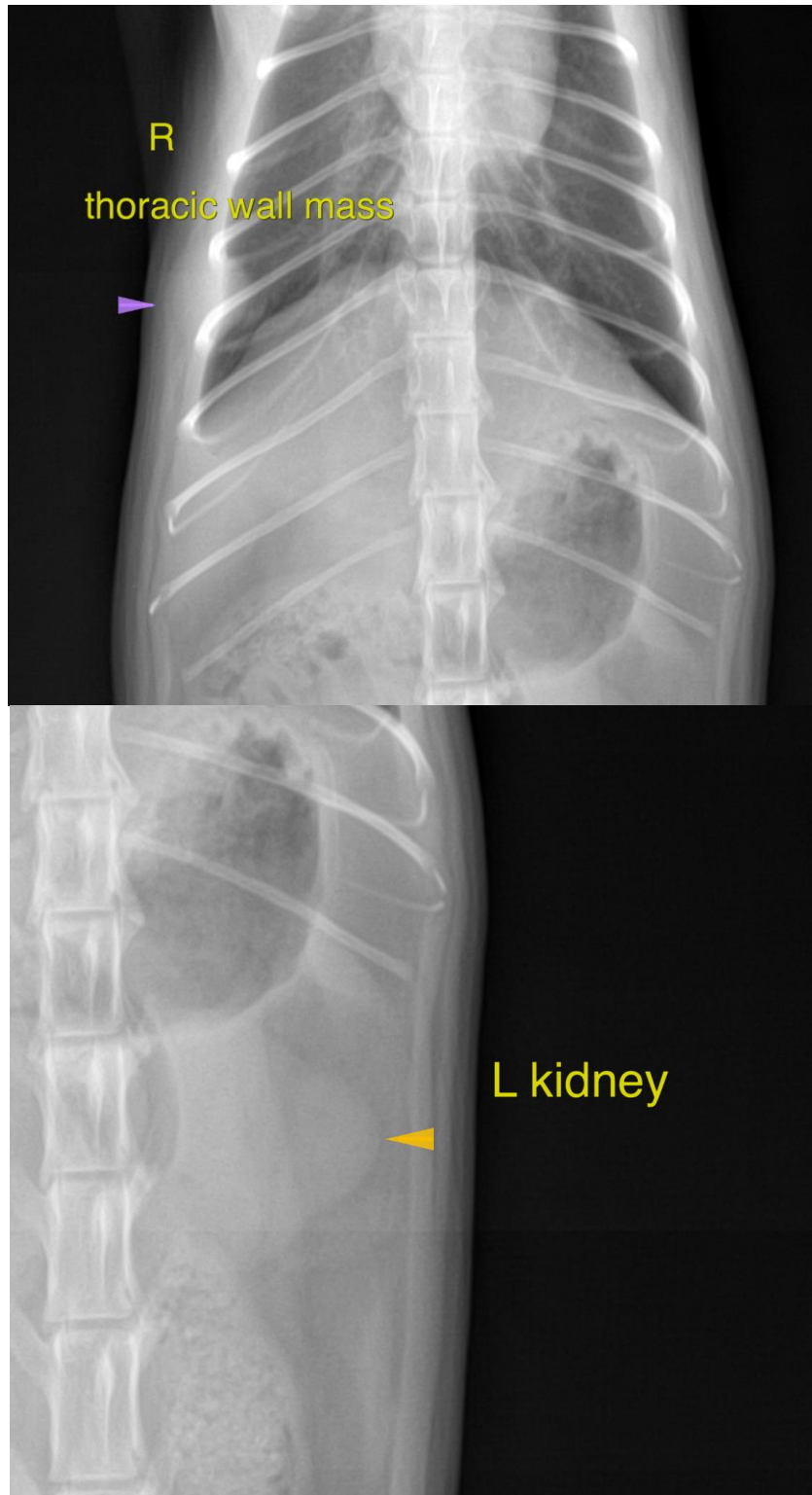
Dr. Stefanie Simon

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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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
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