

Diagnostic Imaging

Veterinary CT, Ultrasound & Telectology Services
veterinarian referral only

PATIENT PRESENTING CLINICAL SIGNS

Marcus Alvi Lung mass on radiographs History of gastrointestinal issues V/D Not wanting to eat No current medications
Abnormal PE/Chem/CBC/UA Results: normal bloodwork

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Feline Plain and post contrast studies are available for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Siberian A single, small, interstitial pulmonary nodule is identified in the caudoventral aspect of the left cranial lung lobe. The size is approximately 4mm in diameter. The nodule is uniformly soft tissue attenuating with mild enhancement. Margins are relatively well defined. The surrounding lung parenchyma remains unremarkable. The left caudal and right lung are within age related normal limits. No additional pulmonary nodules, masses, areas of consolidation, or ground glass opacity are identified.

SEX

Male Neutered The trachea and mainstem bronchi are patent without evidence of intraluminal or mural abnormalities.

AGE

4Y The heart and great vessels are within normal limits. No mediastinal widening, masses, or abnormal fluid collections are identified.

The tracheobronchial lymph nodes are within normal limits.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary 4mm sized interstitial pulmonary nodule within the left cranial lung lobe.
- No evidence of additional pulmonary or mediastinal disease on CT.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

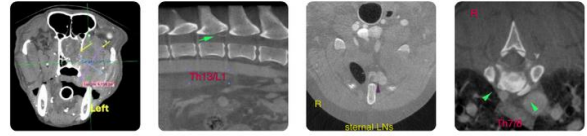
Differential diagnosis includes primary pulmonary neoplasia or metastatic disease, granuloma or less likely pneumonic nodule. In a young adult cat, a solitary small pulmonary nodule may represent benign or malignant pathology. However, CT morphology alone cannot reliably distinguish between neoplastic and non-neoplastic etiologies, especially at this size. Correlation with the patient's clinical history including GI signs and inappetence is essential, especially in conjunction with potentially available abdominal ultrasound. Histopathology would be required for a definitive diagnosis and can either be achieved by ultrasound guided tissue sampling as the nodule is accessible for ultrasound or surgical lung lobectomy, which may be considered as both diagnostic and therapeutic option, particularly since there is only one pulmonary lobe affected. Note that ultrasound guided sampling of the lung in a cat carries a risk of inducing iatrogenic pneumothorax and close monitoring is necessary.

INVOICE

73187 Alternatively, continued imaging (x-ray or CT) monitoring can be considered but is less definitive.

DATE

1-6-26



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PATIENT

Marcus Alvi

SPECIES

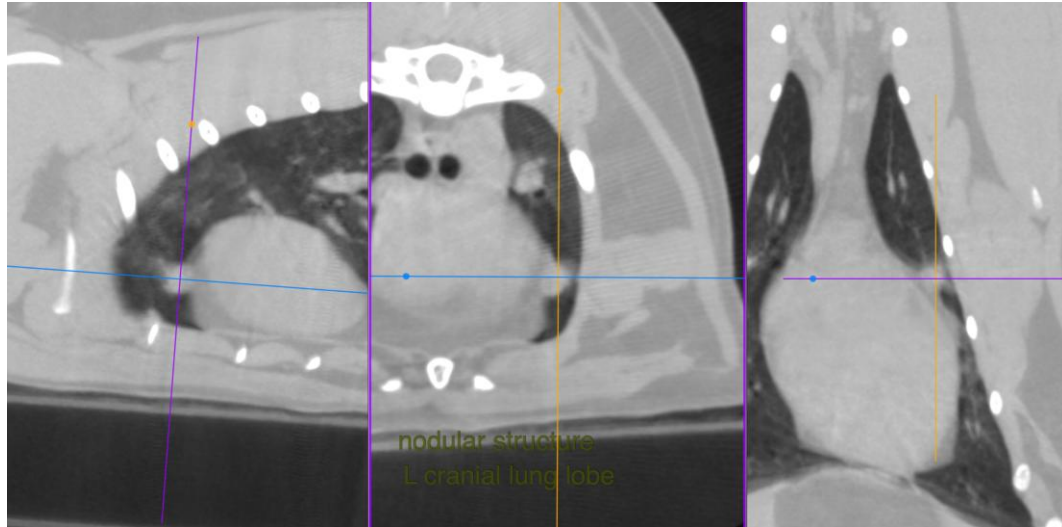
Feline

BREED

Siberian

SEX

Male Neutered



AGE

4Y

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.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

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