



PATIENT PRESENTING CLINICAL SIGNS

Hermie Myers Intermittent neuro signs and atypical ambulatory movement. Soft GI signs malaise and proteinuria.

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN & HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED

THORAX

DMH

Multiple soft tissue attenuating interstitial pulmonary nodules up to 7 mm size are seen in the right and left lung.

SEX

FS

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures, including the pulmonary vasculature are within normal limits.

AGE

12yr

ABDOMEN

A small left divisional hepatic cyst is seen. Mild extrahepatic biliary duct dilation is noted. No evidence of obstruction of the common bile duct is seen.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
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The left limb of the pancreas is mildly enlarged with small nodular areas and slightly ill-defined margins and non-uniform contrast enhancement.

No significant mesenteropathy is seen.

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Small bilateral microliths are seen in the renal papillae. The nephograms are slightly reduced and heterogeneous.

The wall of the descending colon is diffusely thickened without a discrete mural mass.

The colorectal and sublumbar lymph nodes are up to 1 cm enlarged, rounded and ill-defined. Non-uniform enhancement and a mineral attenuating focus is present in the colorectal lymph node.

REFERRING VET

Dr Rory Applegate

No free abdominal fluid is seen.

The adrenal glands are within normal limits for size, shape and organ architecture.

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HEAD

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The left tympanic bulla presents moderate fluid attenuation and bilateral mucosal thickening, and fluid accumulation is seen throughout the nasal passages.



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Mild hyperostosis of the frontal sinuses and mucosal swelling of the frontal sinuses is seen.

Mild enlargement of the left thyroid lobe without focal mass is noted.

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The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchyma attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

BREED

DMH

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

SEX

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The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

AGE

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The salivary glands present within normal limits.

The visible dentition is within normal limits.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple pulmonary nodules
- Diffuse wall thickening of the descending colon with colorectal and sublumbar lymphadenomegaly, strongly suspicion for neoplastic process.
- Small hepatic cyst adenoma
- Mild biliary stasis without evidence of obstruction
- Suspect nodular hyperplasia of the pancreas vs chronic pancreatitis, neoplasia considered unlikely
- Mild bilateral renal nephrolithiasis and suspect nephritis
- Left sided otitis media
- Bilateral rhinosinusitis
- Suspect hyperplasia/ adenoma left thyroid lobe

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Dr Rory Applegate

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings raise significant concern for systemic or disseminated neoplastic process most consistent with multicentric lymphoma or other round cell neoplasia. Other primary neoplasia with multicentric metastatic disease cannot be ruled out. The combination of pulmonary nodules, diffuse colon wall thickening and colorectal and sublumbar lymphadenomegaly is suggesting the possibility of intestinal lymphoma with metastatic or disseminated involvement. Inflammatory causes are possible but less likely given the morphology and nodular character of the lesions in the lung.

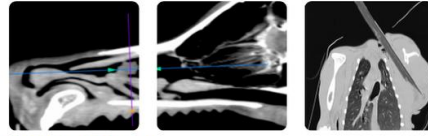
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The pancreatic nodular changes are typical for nodular hyperplasia or chronic pancreatitis and not suggestive of primary pancreatic neoplasia.



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The mild biliary stasis is nonspecific, no obstructive cause is visible.

The small cystic lesion in the left division of the liver is considered benign.

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Cytology of the wall of the colon and sublumber lymph nodes as well as of a representative pulmonary nodule can be considered under ultrasonographic guidance if further definition is desired.

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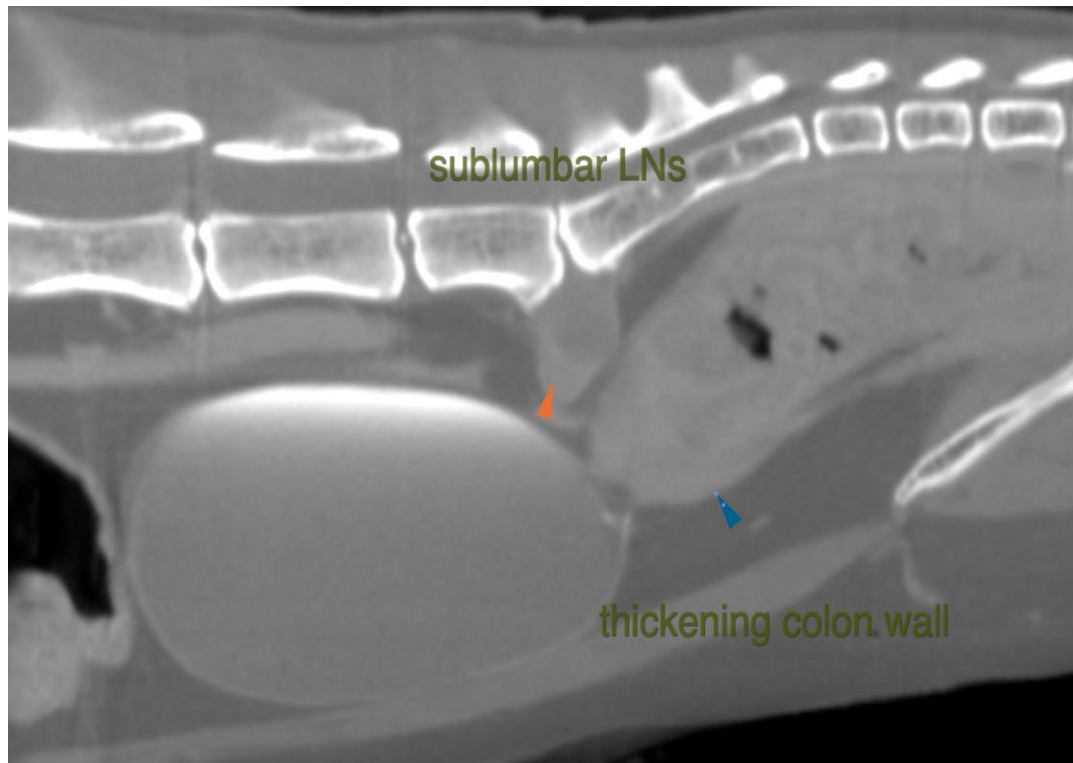
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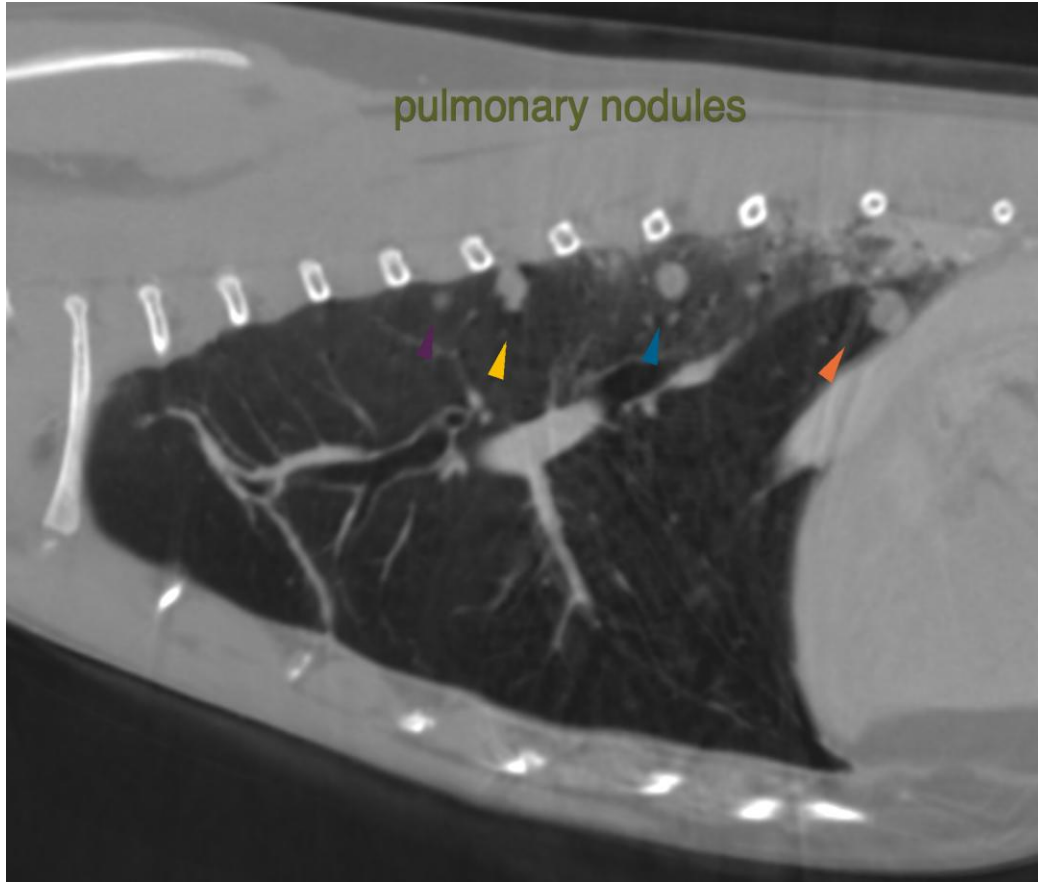
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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