



PATIENT

Bailey Vecchione

PRESENTING CLINICAL SIGNS

Presented to rdvm last week for lethargy and decreased appetite. Increased respiratory effort noted, diagnosed with enlarged heart and pleural effusion on rads. Echo performed - mass cranial to heart, no heart failure. No cytology performed. Rdvm bloodwork normal

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Increased respiratory effort with decreased ventral lung sounds and muffled heart sounds. Approx 2 cm SQ mass left ventral abdomen.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

BREED

Maine Coon

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Male Neutered

Thorax

A large amount of fluid is seen within both pleural cavities. Compartmentation of the fluid is present within the right caudal hemithorax with a large rim enhancing fluid filled cavity with focal mineralizations.

AGE

10 Years

A mild amount of mediastinal fluid is seen. There is no evidence of a cranial mediastinal mass.

Lobar margins are retracted from the thoracic walls and rounded. Multiple thick interstitial and subpleural bands are seen. Peripheral atelectasis and cortication of the lung lobes with regional increase to soft tissue attenuation are noted. The lobar bronchus of the left cranial lung lobe presents abrupt tapering. The left cranial lung lobe is twisted, and the tip is pointing into a dorsocaudal direction. Extensive lobar soft tissue attenuating with a residual vesicular pattern and heterogeneous enhancement are seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Abdomen

HOSPITAL NAME

Mobile Pet Imaging

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

REFERRING VET

Meaux

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

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

INVOICE

48154

There is a small 5mm sized cyst ventrally within the left division of the liver. A mild amount of gallbladder sludge is noted.

DATE

11-2-21

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



PATIENT Moderate bilateral coxofemoral joint osteoarthritis is seen.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Moderate to severe bilateral pleural effusion with compartmentalization and cavitation in the right hemithorax.
- Lobar torsion of the left cranial lung lobe.
- Cortication of the lung with multifocal soft tissue attenuating infiltrates and interstitial fibrosis.
- No evidence of a mediastinal mass.
- Uncomplicated left divisional liver cyst.
- Gallbladder sludge
- Bilateral coxofemoral osteoarthritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals bilateral pleural effusion and multifocal pulmonary changes compatible with interstitial scarring. Torsion of the left cranial lung lobe is seen. The fluid within the right hemithorax is compartmentalized and foci of mineralization are present. Differential diagnosis includes pyothorax with compartmentalization and abscessation with lobar torsion of the left cranial lung lobe. Lobar neoplasia of the left cranial lung lobe with lung lobe torsion and secondary effusion as well as pleural carcinomatosis cannot be ruled out but is considered less likely based on the CT findings. Final diagnosis will require sampling. Aspiration and analysis of the pleural fluid as well as of the left cranial lung lobe could be considered ahead of potential surgery in order to further define the prognosis.



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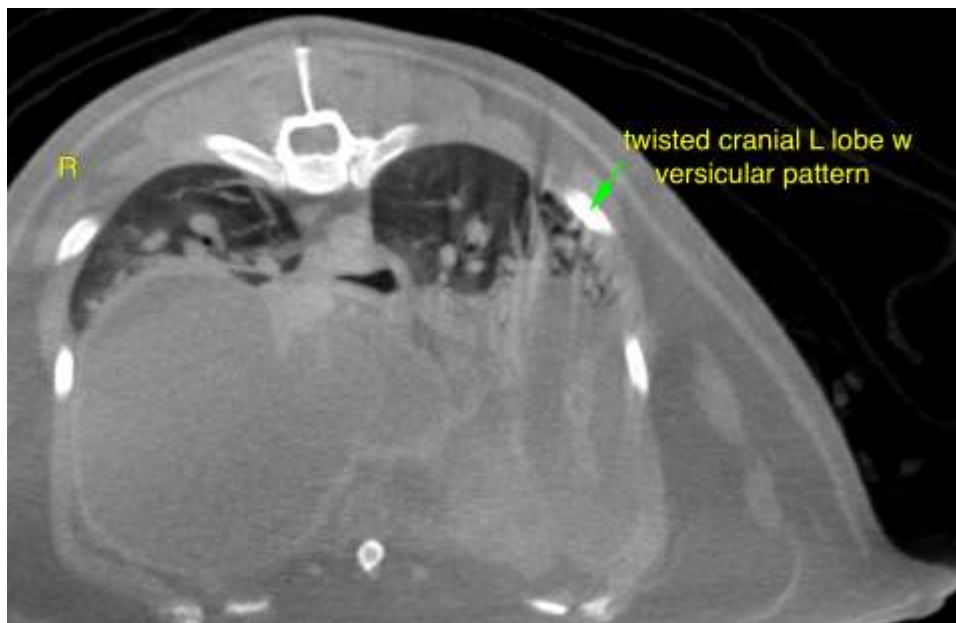
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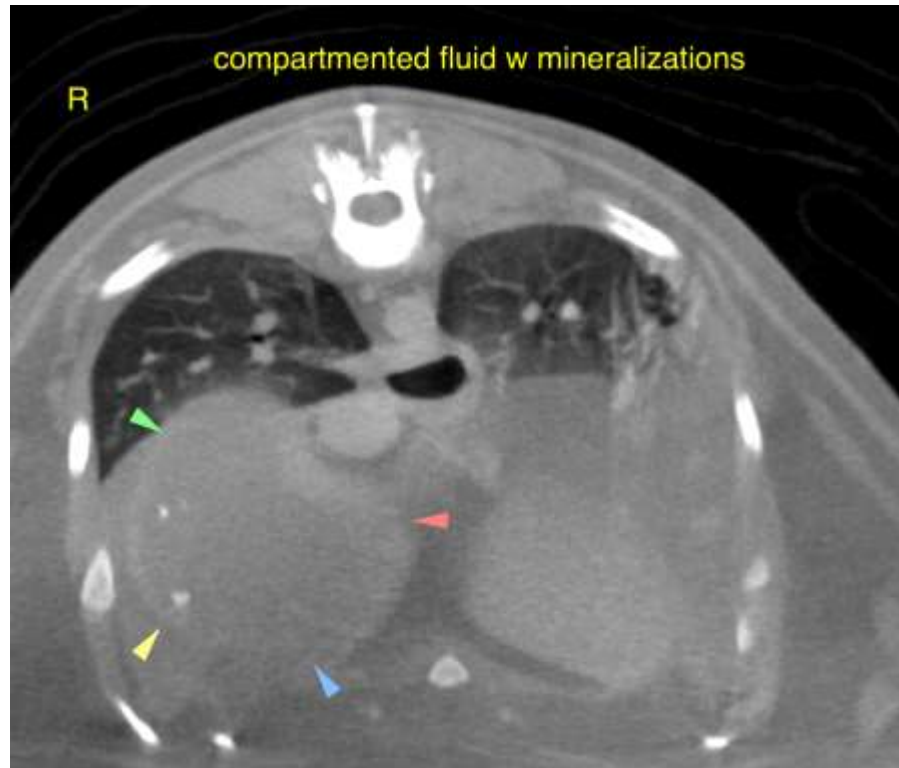
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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