



PATIENT

Pipsqueak Sanders

PRESENTING CLINICAL SIGNS

Pet presented with 2 day history of lethargy, inappetence, and "weird breathing" per owner. On exam pet was tachypneic and mildly dyspneic. Chest films revealed consolidation of the L lung lobes. Pet was treated in the hospital with supportive care, IV antibiotics and nebulization, but the chest films never improved. A CT was recommended to better assess the cause of the changes noted on x-ray. After the CT, thick hemorrhagic fluid was noted in the ET tube, which was submitted for C/S and cytology.
 Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia. WBC count and diff WNL. Chemistries WNL

SPECIES

Feline

BREED

DLH

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

SEX

MN

COMPUTED TOMOGRAPHIC FINDINGS

A lobar alveolar infiltrate of the left cranial lung lobe with maintained and even mildly enlarged lobar volume is noted. Large portions of the left cranial lung lobe are contrast negative and not perfuse. The small residual perihilar perfused areas present mineral attenuating foci. The lobar bronchi are filled with fluid attenuating material. No obvious torsion of the lobar bronchi is seen. The left caudal lung lobe presents moderate dystelectasis and a perihilar interstitial infiltrate. Perihilar mixed infiltrates are seen in the right lung as well as mild generalized hyperinflation of the right lung. Occasional interstitial scarring is seen.

13 Years, 6 Months

AGE

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDF

The mediastinal and tracheobronchial lymph nodes present within normal limits.

No evidence of cardiovascular pathology is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lobar alveolar infiltrate of the left cranial lung lobe.
- Multifocal peribronchial mixed pulmonary infiltrate in the remainder of the lung.

HOSPITAL NAME

Wilson Veterinary
 Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a lobar alveolar infiltrate of the left cranial lung lobe. Differential diagnosis includes lobar pneumonia with or without abscessation and lobar neoplasia with tumoral necrosis. Lobar hemorrhage with hemorrhagic infarction of the left cranial lung lobe cannot be ruled out entirely.

REFERRING VET

Dr. Amy Hawkins

INVOICE

55369

The multifocal peribronchial mixed infiltrate of the remainder of the lung is more likely to represent dystelectatic changes rather than a pneumonic or neoplastic infiltrate even though this cannot be ruled out entirely. Further definition by means of ultrasound guided fine needle aspiration of the left cranial lung lobe could be considered even though the diagnostic yield is expected to be low since the peripheral regions of the lung lobe do not appear to be perfused anymore. The options of direct lung lobectomy of the left cranial lung lobe could be discussed as well.

DATE

11-22-22



PATIENT

Pipsqueak Sanders

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

13 Years, 6 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Amy Hawkins

INVOICE

55369

DATE

11-22-22



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