



PATIENT

Gato Bernazzani

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Male Neutered

AGE

15Y, 4M

WEIGHT

7.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

Animal Surgical Center -
Oceanside

REFERRING VET

Dr. Kamran
Babamohammadi

INVOICE

72728

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Cardiovascular: grade III/VI systolic murmur on left side stridor/upper respiratory sound history of mass removal on left shoulder heart murmur, currently on atenolol hyperthyroidism

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Post contrast study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal 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.

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.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

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.

The salivary glands present within normal limits.

The majority of the dental elements are absent consistent with prior extractions. Occasional dental root remnants are seen. Marked generalized alveolar bone atrophy is present throughout the maxillary and mandibular quadrants. The remaining teeth exhibit multifocal moderate to severe feline odontoclastic resorptive lesions most pronounced at the roots and necks of 104, 208, and 304.

Generalized masticatory muscle atrophy is noted bilaterally and symmetrically.

Neck

The right thyroid lobe is markedly enlarged with mass effect measuring 20 x 11 mm with uniform soft tissue attenuation and heterogeneous enhancement and no evidence of peripheral tissue infiltration. The left thyroid lobe is within normal limits.

No evidence of regional lymphadenopathy is identified in the cervical region.

Thorax

The lungs present multifocal moderate peribronchial infiltrates with bilateral and asymmetric distribution in the caudal lung fields as well as more extensive cranioventral peribronchial infiltrates. Occasional areas of plate like atelectasis are seen. Discrete pulmonary nodules or masses are not identified. However, metastatic disease cannot be entirely excluded despite the atypical presentation.

Mild cardiomegaly is suspected, however, the overall assessment of the heart does not reveal major



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cardiac remodeling with the general limitations of CT.

Course and width of the trachea are considered within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right thyroid lobe enlargement consistent with adenoma/nodular hyperplasia or functional thyroid mass.
- Multifocal peribronchial and cranioventral pulmonary infiltrates with plate like atelectasis, metastatic disease cannot be ruled out.
- Suspect mild cardiomegaly.
- Severe dental disease including extensive alveolar bone atrophy, advanced resorptive lesions, and near complete absence of dentition.
- No evidence of sino-nasal pathology.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

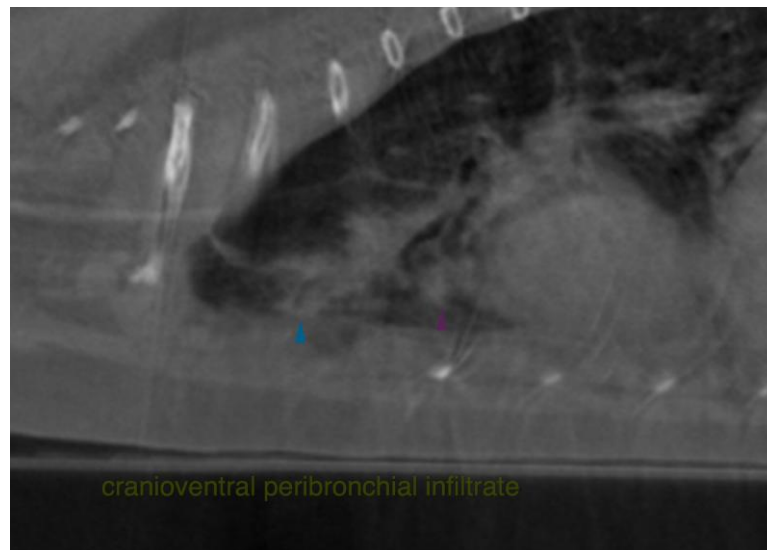
The right thyroid lobe enlargement is significant. Functional enlargement is considered likely. Differential diagnosis includes adenoma, nodular hyperplasia, and by far less likely carcinoma. FNA can be considered. The mass is resectable. The left thyroid lobe appears to be within normal limits at this point.

The pulmonary infiltrate is multifocal and may represent inflammatory/infectious airway disease with peribronchial manifestation within the pulmonary interstitium. However, given the patient's history of neoplasia, atypical presentation of metastatic disease cannot be ruled out.

The cardiac status remains unclear. CT is limited in morphological and functional assessment of the heart, and a full cardiac echo should be considered to rule out hemodynamically significant disease.

Advanced chronic dental pathology with severe resorptive lesions in the remaining teeth, especially 104, 208, and 304, are seen which may contribute to oral discomfort.

Evidence of structural pathology in the nasal passages to account for the reported upper respiratory noise is not seen.





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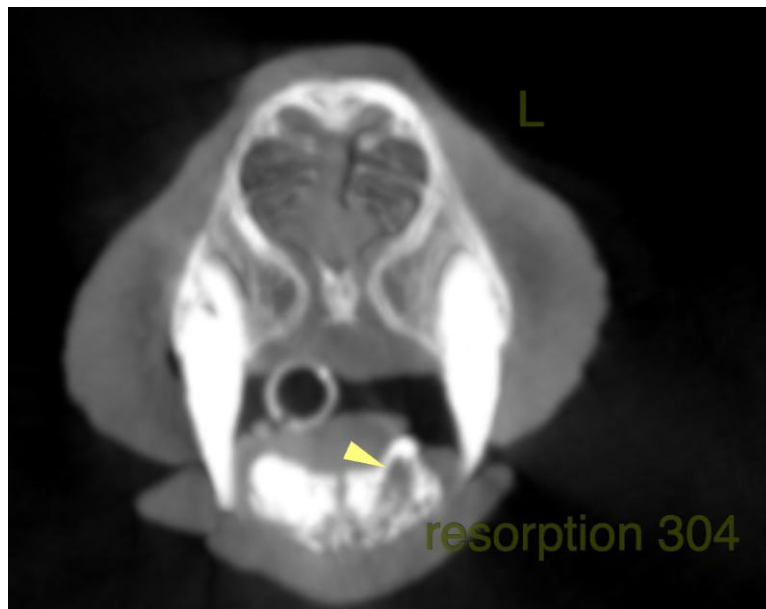
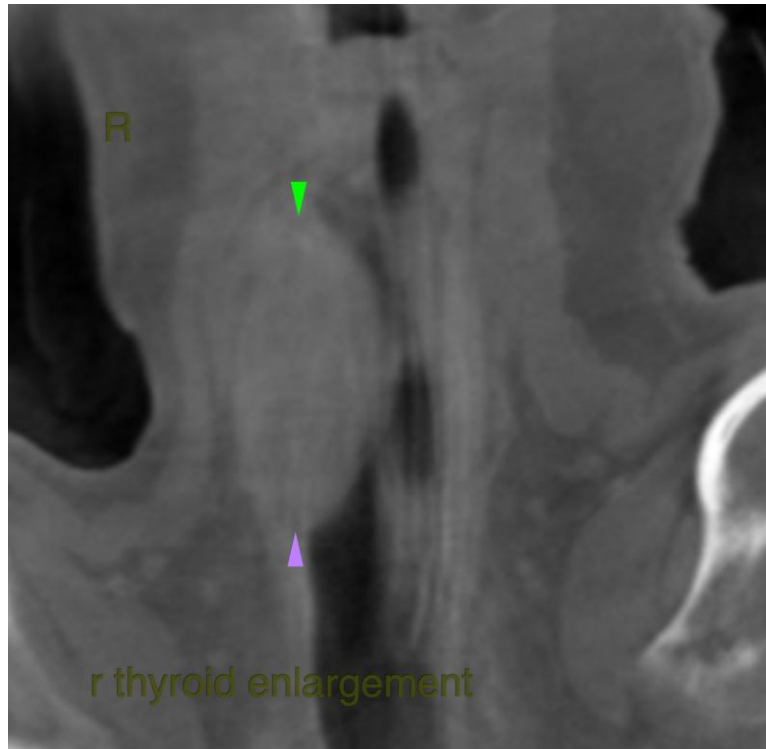
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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