



PATIENT

Mister Grey Rose

PRESENTING CLINICAL SIGNS

Presented earlier this week for Inappetence, Tachypnea, Obesity. Radiographs taken: collapsed left lung fields. Repeat radiographs after 2 days Conclusion: 1. Persistent atelectasis of the entire left side of the lung. This is secondary to a chronic bronchial obstruction as suspected this is unlikely to change even with successful treatment. 2. Worsening of the infiltrate in the right caudal lung lobe. This could be secondary to underinflation, but the possibility of pneumonia or noncardiogenic Fulmer edema cannot be ruled out. 3. Persistent unchanged feline asthma. 4. Persistent tracheal collapse. 5. Gastric distention due to aerophagia. Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Diff to hear heart sounds due to increased lower airway noises, decreased lungs sound L, increased lung sounds R side Pulmonary: Increased bronchovesicular sounds

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The patient is obese.

There is a hypoattenuating mass with multilobulated appearance and heterogeneous enhancement of approximately 3.0 cm diameter level with the tracheal bifurcation which causes complete collapse of the left mainstem bronchus and partial collapse as well as lateral deviation of the right mainstem bronchus. The mass presents heterogeneous contrast enhancement and ill-defined margins to the surrounding soft tissue structures including the lung and heart. Cranioventral deviation of the cardiac base is noted. There is complete atelectasis of the left lung with regional irregular heterogeneous contrast enhancement in the caudodorsal aspect of the left caudal lung lobe.

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The right lung presents compensatory overinflation. Extensive ventral alveolar infiltrate is seen within the right caudal lung lobe with maintained pulmonary volume. Multiple interstitial pulmonary nodules and one thick walled cavitory lesion are seen within the right caudal lung lobe. Ventral peribronchial infiltrate and small interstitial nodules are present within the right middle lung lobe as well.

REFERRING VET

Meaux

Both sternal lymph nodes are moderately enlarged.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe tracheobronchial lymphadenomegaly with ill-defined margins and mass effect causing compression of the left mainstem bronchus and atelectasis of the left lung.
- Multiple interstitial pulmonary nodules.
- Suspect enhancing nodule / mass within the right caudal lung lobe masked by the atelectasis.
- Pulmonary bulla and multifocal pulmonary alveolar infiltrate with mass effect.
- Sternal lymphadenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for neoplastic pathology with tracheobronchial and sternal lymph node involvement as well as multifocal and bilateral pulmonary involvement. Consider



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secondary neoplasia of the lung such as round cell neoplasia a greater potential than primary neoplasia of the lung with metastases. The findings should, however, be considered compatible with neoplastic pathology until proven otherwise. Final diagnosis may require sampling for histology or cytology. Sampling for cytology could be obtained by means of ultrasound guided fine needle aspiration using an intercostal approach to the caudodorsal aspect of the left caudal lung lobe or ventral aspect of the right caudal lung lobe.

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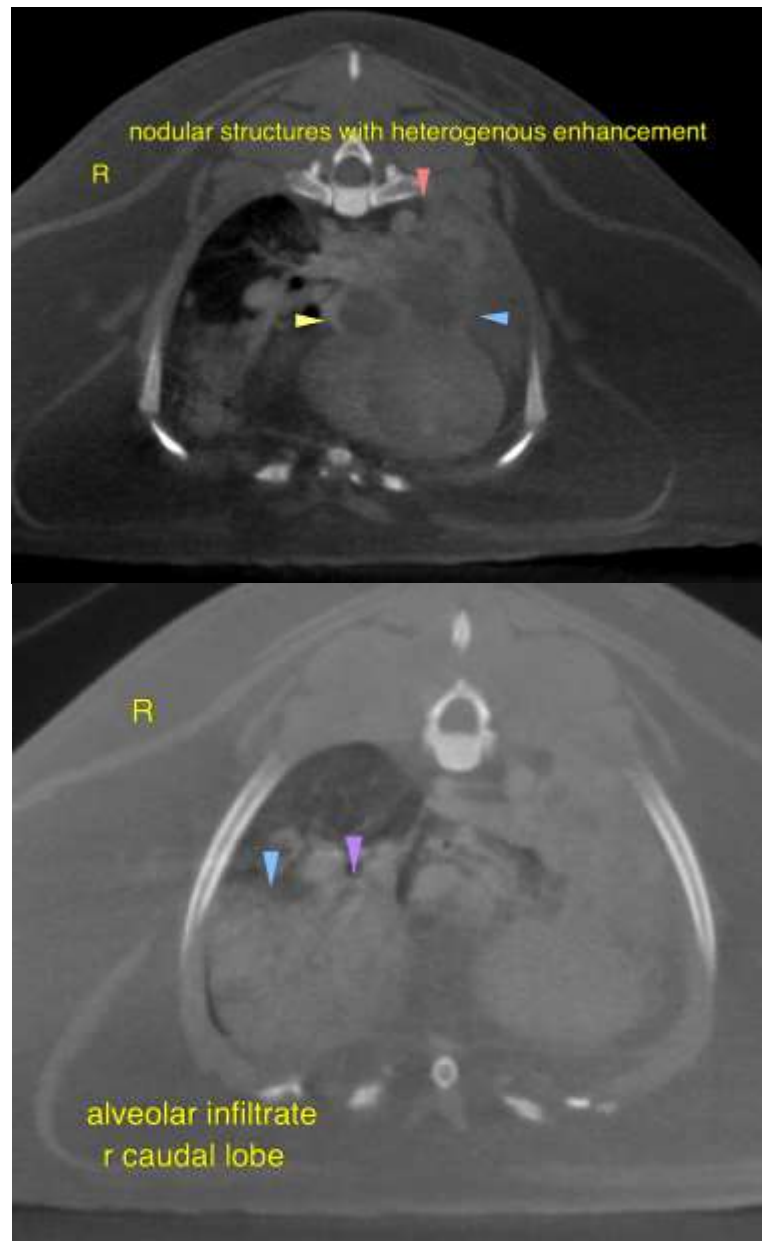
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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