



PATIENT

Loki Dean

SPECIES

Feline

BREED

Bengal

SEX

Male

AGE

3Y

WEIGHT

4.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Jenny Bowen Smith

INVOICE

73561

DATE

2-2-26

PRESENTING CLINICAL SIGNS

History:

- RADS: area of ST opacity in cranial mediastinal area pushing cranial lung lobe caudally. Strong susp of mediastinal mass eg lymphoma or thymoma. Positional atelectasis next to aerated lung??
- Good aeration of lung. Abdo rads nad
- No bone changes
- US: Glide sign and no B lines in caudal lung. Good subjective cardiac contractility. ST opacity when probe placed in axilla- multi-nodular appearance

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Multiple cranial mediastinal lymphadenomegaly is noted with the lymph nodes measuring up to 15mm in diameter and presenting rounded contours with slight nonuniform contrast enhancement.

The soft tissue opacity likely corresponds to the cranial mediastinal mass effect noted radiographically.

The left lung presents generalized partial atelectasis with multiple interstitial bands resulting in a honeycombing pattern consistent with cicatricial changes. The volume loss of the left lung results in mediastinal shift towards the left. The right lung presents mild compensatory over inflation with moderate generalized bronchial pattern. No overt pulmonary nodules are identified.

The heart is subjectively normal in size and morphology.

There is no evidence of pleural effusion and no evidence of rib or other bone lesions.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple cranial mediastinal lymphadenomegaly.
- Chronic pulmonary changes with left sided cicatricial atelectasis with volume loss likely secondary to chronic airway disease and previous inflammation.
- Mild compensatory changes in right lung.
- Generalized bronchial lung pattern.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The cranial mediastinal lymphadenomegaly may be due to a round cell infiltrate such as lymphoma. Thymoma and thymic lymphoma are considered less likely. Reactive or other lymphadenitis cannot be completely excluded. Further definition by means of ultrasound guided FNA or biopsy for cytology or histopathology is strongly recommended if not performed already.

The left lung changes are chronic and may represent sequela of prior inflammation or allergic airway disease. Cicatricial atelectasis suggests long standing remodeling. A generalized underlying bronchial pattern is noted which further supports the presence of allergic lower airway syndrome or chronic bronchitis. Evidence of pulmonary nodules or masses is not seen.



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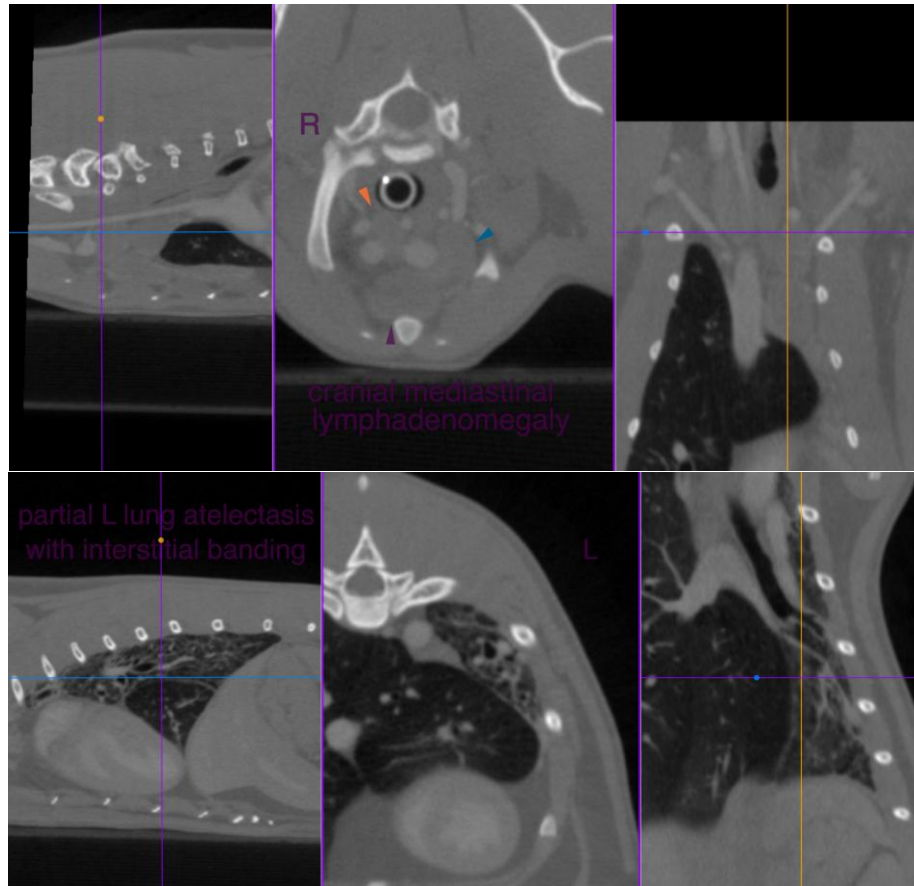
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com