



**PATIENT**

Maizi Martinez

**PRESENTING CLINICAL SIGNS**

Has been sick since January with a cough. Still eating and drinking, no vomiting or diarrhea. Tried to treat with hairball remedy but it did not help at all. There are two more cats at home and they are indoor only. When patient is stressed, especially from car rides, she will pant. rDVM referred here when x-rays showed possible mass on left lung.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies available for review.

**BREED**

Domestic Shorthair

**COMPUTED TOMOGRAPHIC FINDINGS**

The entire ventral mediastinum is filled by a large irregular shaped cavitating soft tissue attenuating mass of 14 x 4 x 8 cm. Severe caudodorsal deviation of the lung and heart are seen.

**SEX**

Spayed Female

Moderate atelectatic changes of the lung are noted and presumed to be secondary to compression and mass effect. The left cranial lung lobe shows a lobar alveolar sign. A severe bronchial lung pattern with multifocal bronchial mucus plugging is noted throughout the remainder of the lung.

**AGE**

7 Years, 8 Months

A regional peribronchial alveolar infiltrate is seen circumferential to the main lobar bronchus of the right caudal lung lobe.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large cavitating mediastinal soft tissue mass with severe mass effect meeting neoplastic criteria.
- Lobar alveolar sign of the left cranial lung lobe.
- Bronchial lung pattern of the remainder of the lung.
- Regional alveolar infiltrate circumferential to the right main lobar bronchus.

**HOSPITAL NAME**

Neel Veterinary  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a large mediastinal soft tissue mass meeting neoplastic criteria. Differential diagnosis includes mediastinal lymphoma and less likely thymic lymphoma, thymoma, and ectopic thyroid carcinoma.

**REFERRING VET**

Alyson Fryer, DVM

The bronchial lung pattern is likely secondary an effect of recurrent lower airway disease such as allergic and less likely infectious.

**INVOICE**

50524

This may also explain the regional alveolar infiltrate circumferential to the right caudal lobar bronchus, however, metastatic disease cannot be ruled out entirely as a differential diagnosis even though considered by far less likely here.

**DATE**

2-23-22

The lobar alveolar infiltrate of the left cranial lung lobe may be due to bronchial mucus plugging or compression atelectasis owing to the mass effect within the mediastinum. Consider sampling for further definition.



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**REFERRING VET**

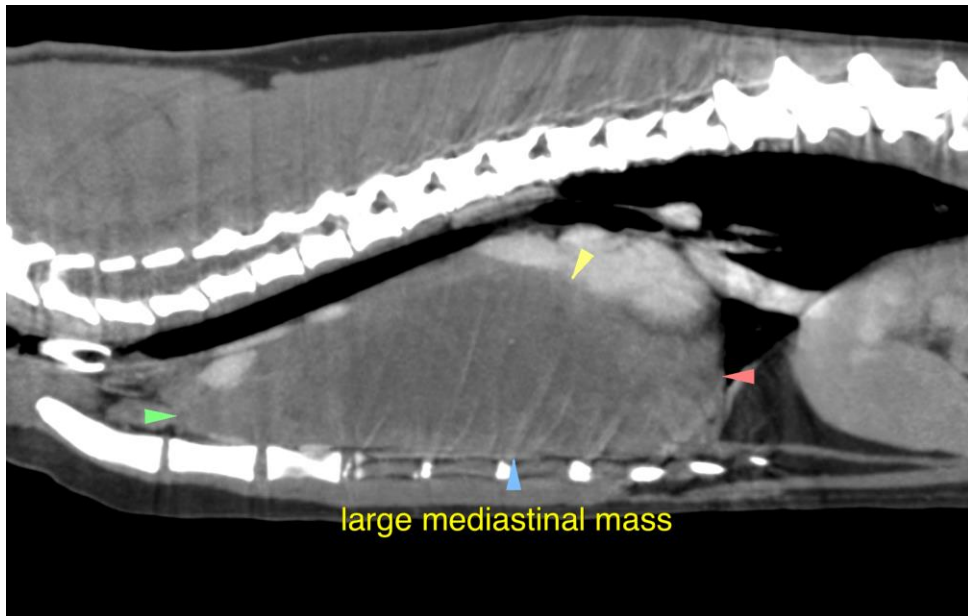
Alyson Fryer, DVM

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**DATE**

2-23-22



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  
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