


**PATIENT PRESENTING CLINICAL SIGNS**

Uu Stegmann Patient presented for evaluation of tumors on nose, mandibular LN and thoracic MET Check. History of nasal planectomy 2018. Histopathology at that time revealed grade 1 fibrosarcoma. History of bilateral pinnectomy for melanoma (date unknown). Mandibular LN firm and mildly to moderately enlarged.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

Plain and post-contrast studies of the head and post-contrast study of the thorax available for review.

**BREED**

British Blue

**COMPUTED TOMOGRAPHIC FINDINGS**
**SEX**

Neutered Male

Head

A 5.0 mm sized contrast enhancing nodule with ill-defined margins is seen at the dorsal "tip" of the nose. A 3.0 mm sized nodule with similar attenuation and enhancement behavior is seen ventral and lateral of the first nodule. No evidence of regional fat stranding is seen. The folding of the nasal turbinates appears to be mildly reduced in the mid third of the left nasal cavity. Otherwise, the nasal cavities and frontal sinuses present within normal limits.

**AGE**

11 Years

Both submandibular and medial retropharyngeal lymph nodes present within normal limits.

Advanced root resorption of the triadan #204 is seen.

Brain, ear canals and tympanic bullae as well as mandibular, zygomatic and parotid salivary glands present within normal limits.

**INTERPRETED BY**

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

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

**HOSPITAL NAME**

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 CFL

The cardiovascular structures including the pulmonary vasculature are within normal limits.

A moderate generalized bronchial lung pattern with tree-in-bud appearance is seen, and mostly evenly distributed throughout the lung.

**REFERRING VET**

Dr. Borecky

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**
**INVOICE**

35444

- History of nasal planectomy due to fibrosarcoma and bilateral pinnectomy due to melanomas
- Two small, enhancing soft tissue nodules at the rostral margin of the planectomy
- No evidence of regional lymphadenomegaly
- Chronic lower airway disease with tree-in-bud pattern, indicating mucus plugging of the bronchi

**DATE**

2/3/22


**PATIENT INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

Uu Stegmann

It is generally not possible to differentiate between scar tissue formation, recurring neoplasia, granuloma, and other perfused soft tissue masses by means of CT only. However, because of the patient history, recurring fibrosarcoma appears to be one major differential diagnosis that would fit the CT findings in the “tip” of the nose.

**SPECIES**

Feline

At this time, no evidence of regional lymphadenomegaly is noted on the CT study. The right and left submandibular and retropharyngeal lymph nodes present within normal limits.

**BREED**

British Blue

No evidence of pulmonary metastatic disease. The CT findings of the lung are consistent with chronic lower airway disease with multifocal bronchial mucus plugging, which is a common presentation in feline asthma/allergic lower airway syndrome.

**SEX**

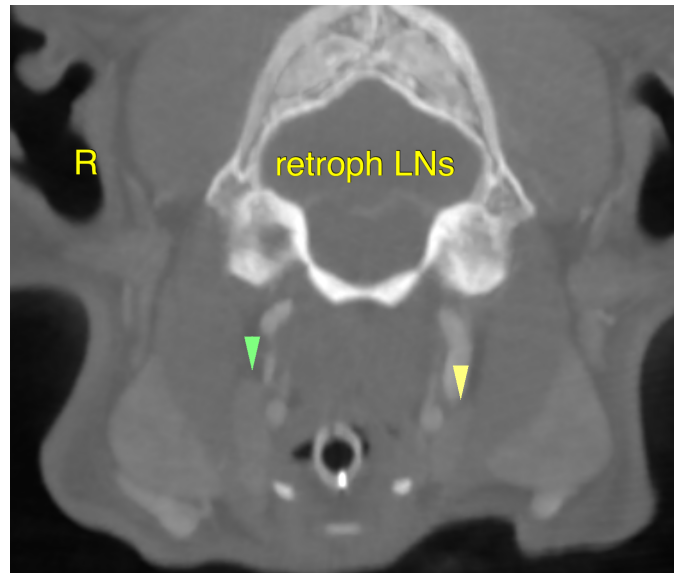
Neutered Male

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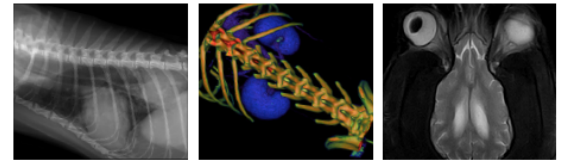
Dr. Borecky

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**DATE**

2/3/22



**PATIENT**

Uu Stegmann

**SPECIES**

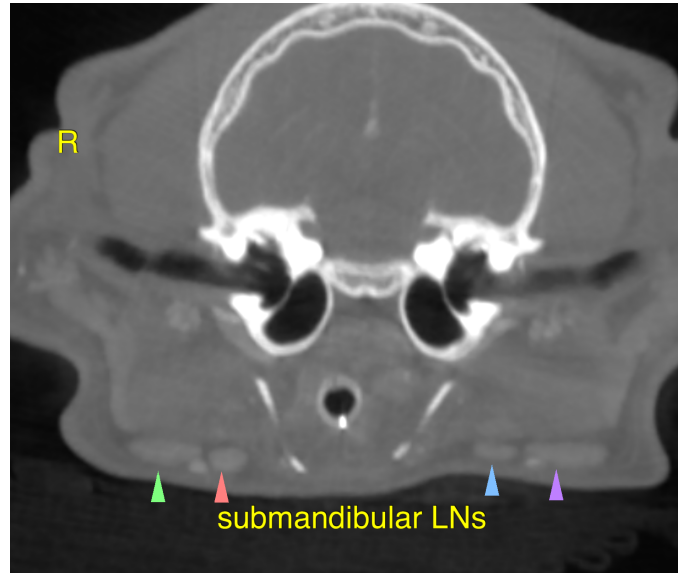
Feline

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**SEX**

Neutered Male



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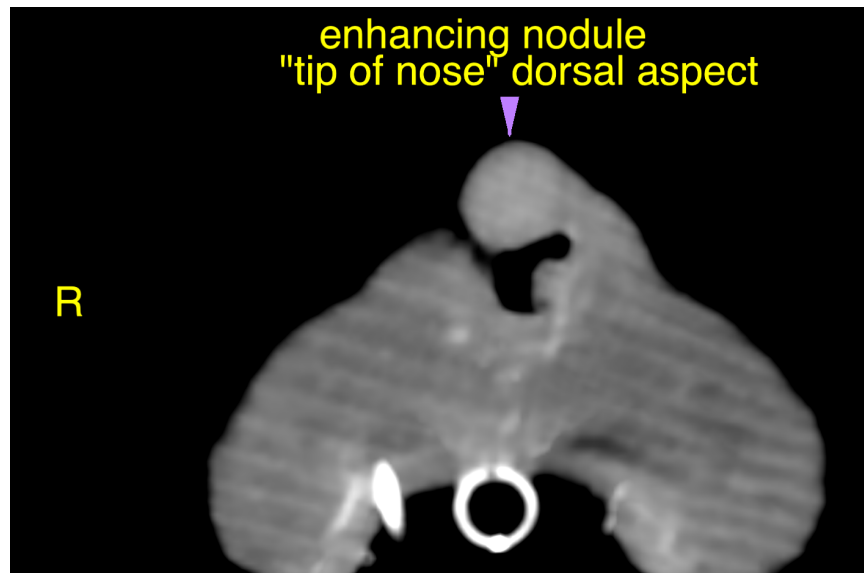
Dr. Borecky

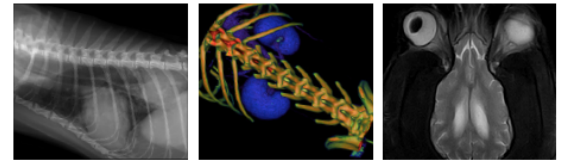
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**PATIENT**

Uu Stegmann

**SPECIES**

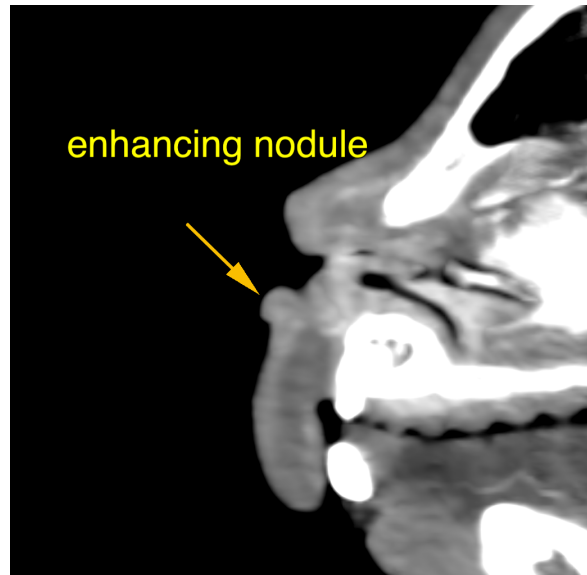
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**SEX**

Neutered Male



**AGE**

11 Years

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.

**INTERPRETED BY**

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