



**PATIENT**

Mickey Spencer

**SPECIES**

Feline

**BREED**

Tabby

**SEX**

MN

**AGE**

13Y

**WEIGHT**

7.6kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Armstrong

**INVOICE**

74126

**DATE**

3-10-26

**PRESENTING CLINICAL SIGNS**

Pet has a pulmonary Mass in the Right Caudal lung lobe. Surgical Planning.

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies are available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

A 1mm sized single nonobstructive calculus is seen in the left renal pelvis.

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 are uniform and considered within normal limits.

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

A single irregular shaped mass is present in the cranial aspect of the right caudal lung lobe measuring 37 x 18 x 17mm. The mass is located approximately 7mm from the bronchial bifurcation abutting the cranial border of the lobe. Compression of adjacent bronchi is noted. Heterogeneous contrast enhancement is present within the mass. No additional pulmonary nodules or masses are observed. The remainder of the lung shows a mild generalized bronchial pattern consistent with chronic low grade bronchial changes.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Solitary mass in the cranial aspect of the right caudal lung lobe adjacent to the bronchial bifurcation.
- No additional pulmonary lesions.
- Normal mediastinum and lymph nodes.
- Singel nonobstructive left renal calculus.

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

The CT features suggest a solitary pulmonary lesion compatible with primary pulmonary neoplasia such as carcinoma and less likely abscess, granuloma, or inflammatory mass. Ultrasound guided FNA could be performed for further definition. However, immediate surgical resection of the right caudal lung lobe for diagnostic confirmation and therapeutic management can be considered as well.

Histopathology will be required to determine tumor type or alternative etiology. Preoperative planning should consider the mass proximity to the bronchial bifurcation.



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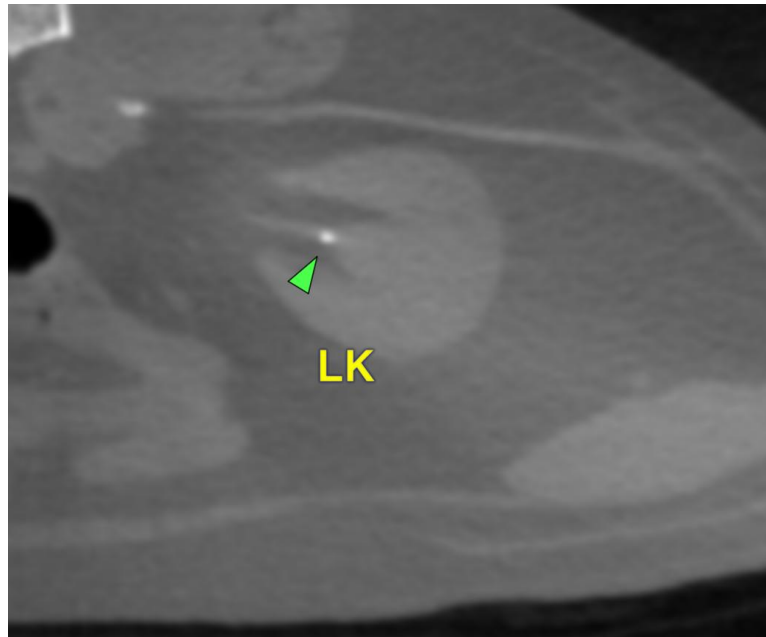
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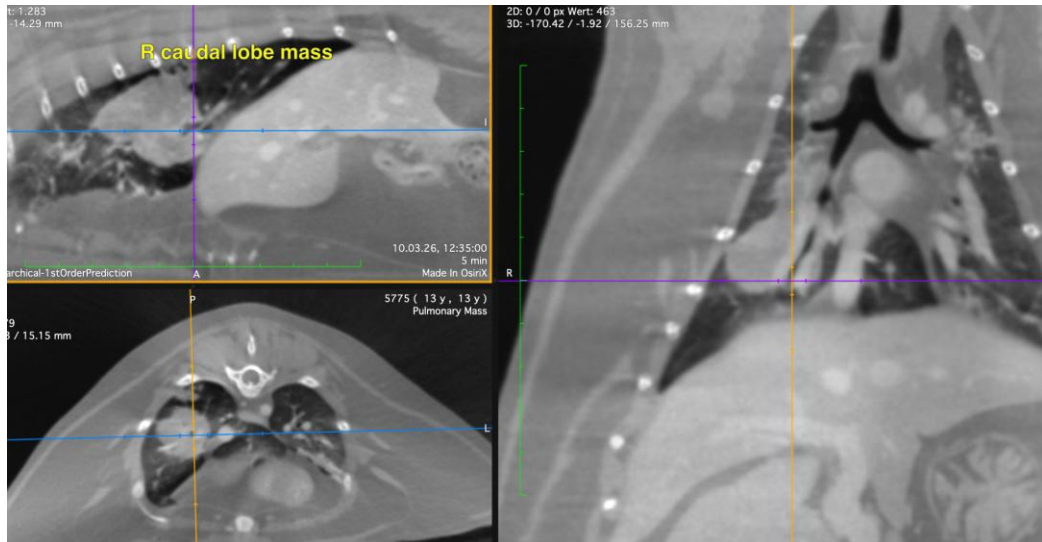
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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