



PATIENT

Vim Akin

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9Y, 4M

WEIGHT

10.66lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Akin

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Dr. Layna Irwin

INVOICE

74127

DATE

3-10-26

PRESENTING CLINICAL SIGNS

- Presented for ~2 months of very minor coughing episodes (~2-4/mo).
- Hx of 4 pulmonary nodules (2 in L caudal lung lobe, 1 in R caudal lung lobe, 1 in a cranial lung lobe on midline - dx as blastomycosis, resolved).
- Hx of large B-cell nodal LSA (remission for ~3 years).
- Hx of sternal lymphadenopathy (resolved).
- Hx of hepatopathy, CHF, DM (all resolved).
- Current medications: prednisolone 2.5mg-5mg SID, Dasuquin 1 capsule SID, TCVM Wei Qi Booster 1 teapill SID, gabapentin 100mg PRN for vet visits
- Unremarkable labs from 3/6/26 (Chem25, CBC, tT4, fT4, FIV/FelV/HW, UA, UPC)

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and orthogonal views of the thorax totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

A single, approximately 5mm sized nodule is visualized superimposed onto the second rib pair on both lateral views. The nodule cannot be clearly identified on the orthogonal views. No additional pulmonary nodules or masses are identified at this time.

A mild generalized bronchial lung pattern is noted. No focal consolidation or cavitory lesions are observed.

The heart is normal in size and morphology. The VHS is approximately 7 which is within the reference range. The pulmonary vasculature presents within normal limits.

No sternal lymphadenopathy or other thoracic lymphadenopathy can be identified at this time.

The width of the mediastinum is within normal limits.

Mild esophageal aerophagia is noted which is considered within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Single small pulmonary nodule superimposed on second rib pair, stable in appearance, currently isolated.
- Mild generalized bronchial lung pattern consistent with low grade chronic airway changes.
- The heart, mediastinum, and sternal lymph nodes normal.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Given the history, the nodule is unlikely malignant at this stage, however, correlation with prior blastomycosis and prior lymphoma history is advised. The small solitary nodule could represent residual granuloma or inflammatory focus from previous pulmonary blastomycosis, benign incidental nodule such as scar tissue, fibrotic focus, and less likely neoplastic lesion given prior lymphoma history, unlikely primary or metastatic neoplastic lesion.

The general bronchial pattern may reflect minor chronic airway irritation or age related changes. Allergic lower airway syndrome is a possible differential diagnosis. No evidence of progressive metastatic disease or lymphadenopathy is radiographically present at this time.



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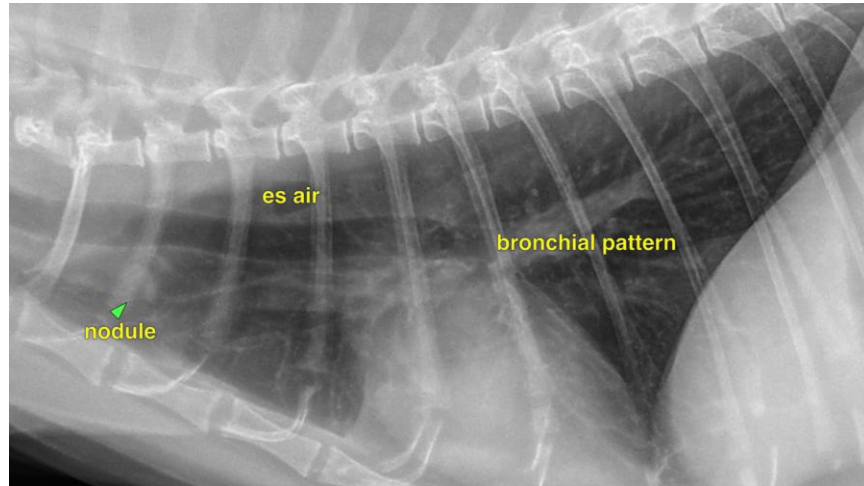
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Monitoring of the nodule with follow up thoracic radiographs or CT in 2-3 months is recommended.



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.

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