



PATIENT

Marilyn O' Brien

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11

WEIGHT

5.35

INTERPRETED BY

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

IMAGING PERFORMED BY

Judith

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha
Parkinson

INVOICE

74652

DATE

4-16-26

PRESENTING CLINICAL SIGNS

Chronic cough/wheeze since December/January. Owner reports that Marilyn initially had occasional "wheezing attacks" that sounded like she was trying to bring up a hairball, but nothing was ever produced. These attacks were infrequent. Marilyn was seen by her primary care veterinarian who prescribed a course of Prednisone. While on the full dose of Prednisone, the attacks stopped. Owner noted that the wheezing and breathing improved tremendously. After the Prednisone was discontinued, the intermittent attacks returned, and she also developed a constant wheeze. Marilyn's breathing is now generally noisy, and the owner can see increased abdominal effort when she breathes. Marilyn is now on a Fluticasone 100 mcg inhaler twice a day, but the owner has not noticed a significant improvement while being on this and questions if it is helping. No other concerns and no previous significant medical history.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Within the caudal intrathoracic trachea, immediately cranial to the carina, there is an intraluminal soft tissue mass arising from the ventral tracheal wall. The lesion measures approximately 11mm in length, 6mm in width, and 4mm in height. The mass is situated within the tracheal lumen and poorly marginated demonstrating heterogeneous contrast enhancement. Approximately 65% of the tracheal lumen is occupied at the affected segment. There is no evidence of extratracheal invasion or regional lymphadenopathy.

The lungs are unremarkable with no evidence of pulmonary nodules.

No mediastinal or tracheobronchial lymphadenopathy is detected.

Multilobulated gallbladder appearance is incidental.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intraluminal tracheal mass causing severe luminal obstruction immediately cranial to the tracheal carina.
- No evidence of pulmonary or nodal metastatic disease on CT.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms an intraluminal tracheal mass cranial to the carina causing severe luminal obstruction. The most likely differentials include primary tracheal neoplasia such as lymphoma or carcinoma or other soft tissue tumor and by far less likely inflammatory polyp, granulation tissue, or chronic infectious disease. The degree of luminal narrowing is clinically significant and consistent with the reported clinical signs. Endoscopic evaluation is strongly recommended for direct visualization and potential biopsy for definitive diagnosis. Oncology consultation pending histopathology is recommended. Close monitoring for acute airway compromise is recommended.



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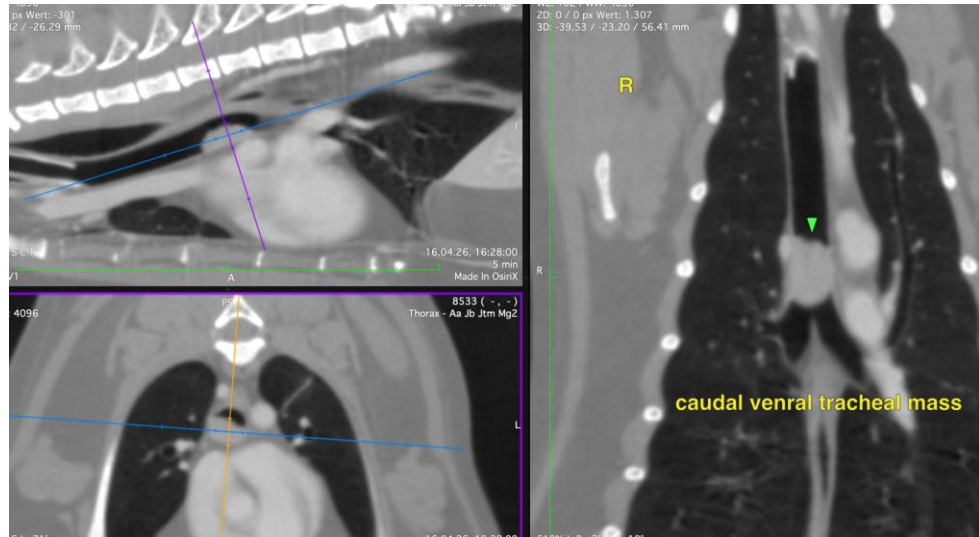
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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