



PATIENT PRESENTING CLINICAL SIGNS

Axel "Puppy" Sanchez

Presented for constipation last week, possible mass noted on thoracic rads. Problem List Hypertension (01/02/22)- treated with amlodipine 1.25 mgs 01/05/22 Elevated GGT (01/02/22) Hyperbilirubinemia (01/02/22) Leukopenia (01/02/22) Thrombocytopenia (01/02/22) Diarrhea (01/02/22)- treated with metronidazole, pantoprazole, famotidine, cefovecin and iv fluids 01/02/22 Vomiting (01/02/22)- treated with maropitant, metronidazole, pantoprazole, famotidine, cefovecin and iv fluids 01/02/22 Decreased appetite (01/02/22) Lethargy (01/02/22) Ascites (12/20/21) Iris CKD Stage 1 (10/20/21)- persistent 12/20/21; persistent 01/02/22 Elevated BUN (01/02/22) Elevated creatinine (10/20/21)- persistent 12/20/21; persistent 01/02/22 Constipation (10/20/21)- via radiographs, treated with sub q fluids, enema, and metoclopramide 10/20/21 Hyperthyroidism (historical)- managed with methimazole Historical Problems Hyperglycemia (10/20/21)- resolved 12/20/21 Colectomy (12/20/21)

SPECIES

Feline

BREED

DMH

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

SEX

Plain and post contrast studies of both thorax and abdomen available for review.

Neutered Male

COMPUTED TOMOGRAPHIC FINDINGS

AGE

13 Years

Abdomen

Spondyloses are seen between L5/6 and L6/7 with partial mineralization of the intervertebral discs.

Patient has a history of colectomy. The descending colon appears to feed into the terminal ileum directly. No evidence of stenosis, stricture, luminal narrowing, constipation, or wall changes of the colon is seen. A moderate amount of non-inspissated fecal matter is seen in the colon. The diameter of the colon however appears to be mildly dilated.

INTERPRETED BY

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

A mild amount of mineral attenuating material is present within the collateral recesses and diverticuli of both kidneys. The nephrogram and pyelogram present within normal limits.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Thorax

The right axillary lymph node presents moderate symmetric enlargement.

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Two 1.0 cm sized soft tissue attenuating nodules are seen in the subcutis of the right ventral thoracic wall.

DATE

5-11-22

A 2.5 cm sized cavitated thick walled mass with gas attenuating center is seen in the right caudal lung lobe. The mass is bronchocentric in position. Irregular thick soft tissue attenuating wall with



PATIENT nonuniform contrast enhancement is seen. Multiple less than 5mm sized soft tissue attenuating interstitial nodules are distributed throughout the parenchyma of all other lung lobes.

Axel "Puppy" Sanchez

The mediastinal lymph nodes present within normal limits.

SPECIES No obvious cardiovascular pathology is seen.

Feline

COMPUTED TOMOGRAPHIC DIAGNOSIS

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Neutered Male

- Cavitated pulmonary mass meeting neoplastic criteria.
- Multiple pulmonary interstitial nodules.
- Subcutaneous nodules in the thoracic wall
- Moderate right axillary lymphadenomegaly.
- History of partial colectomy.
- No evidence of constipation.
- Suspect mild generalized dilation of the descending colon.
- Bilateral hypercalcemic nephropathy.
- Degenerative disc disease and spondylosis deformans within the caudal lumbar spine.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 Years

The CT study suggests presence of a primary pulmonary neoplasia such as bronchial carcinoma in the right caudal lung lobe. The findings are not typical for abscess, cyst, hematoma, or granuloma.

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DipECVDI

The interstitial nodules strongly suggest presence of metastatic disease and should be considered so until proven otherwise.

The subcutaneous nodules may represent fibroma, fibrosarcoma, other soft tissue sarcoma, mast cell tumor, or other.

The right axillary lymphadenomegaly may represent reactive hyperplasia versus metastatic disease. Fine needle aspiration of the subcutaneous nodules and right axillary lymph node could be considered for further definition if a final diagnosis is strived.

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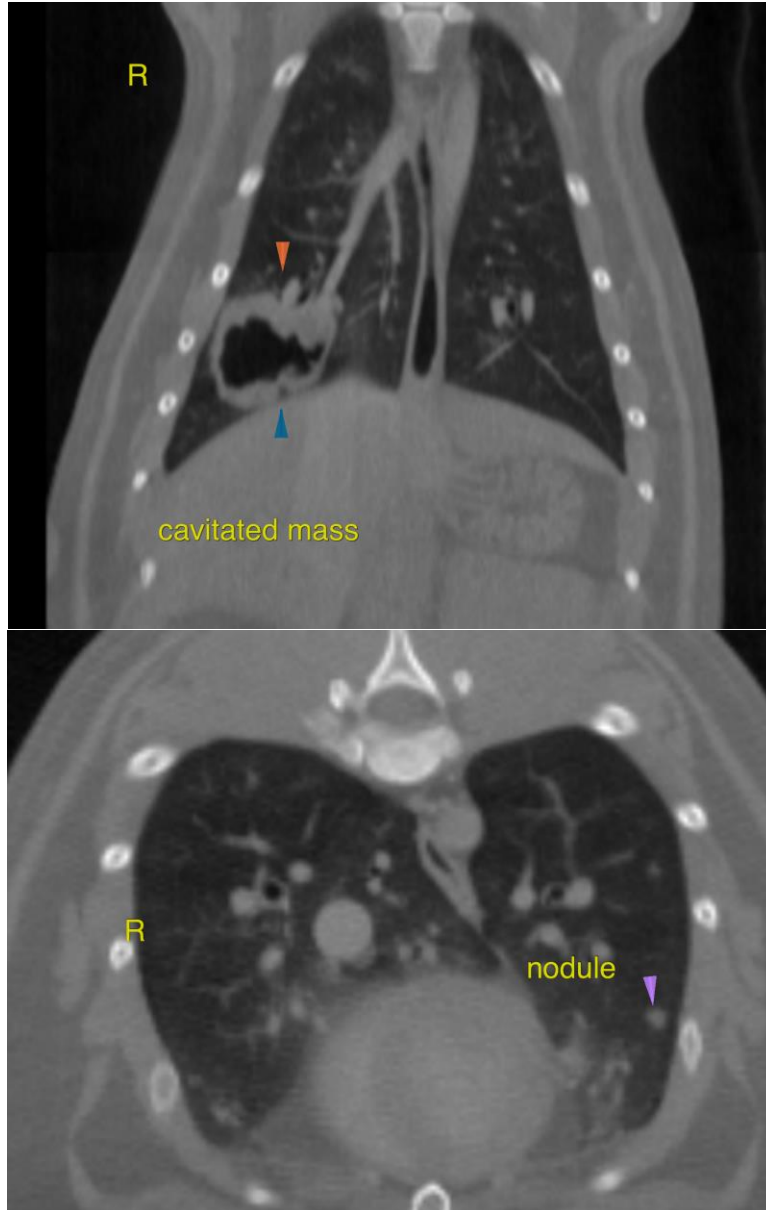
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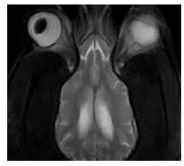
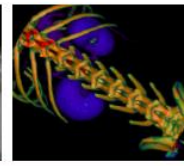
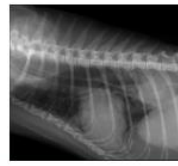
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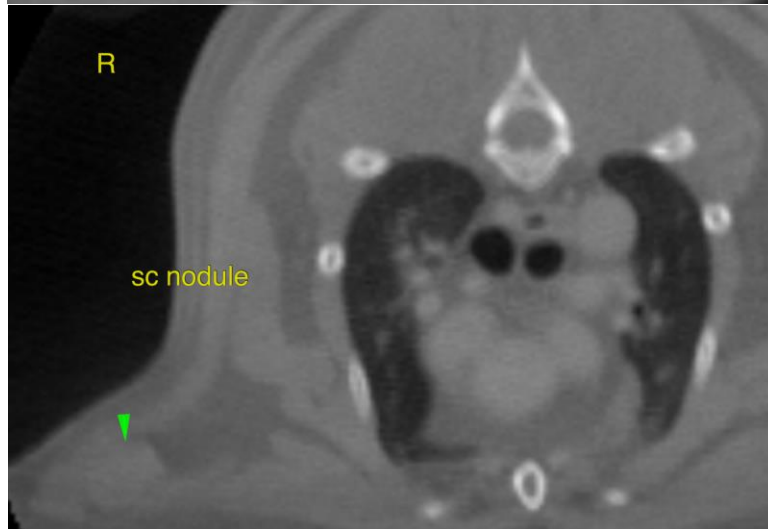
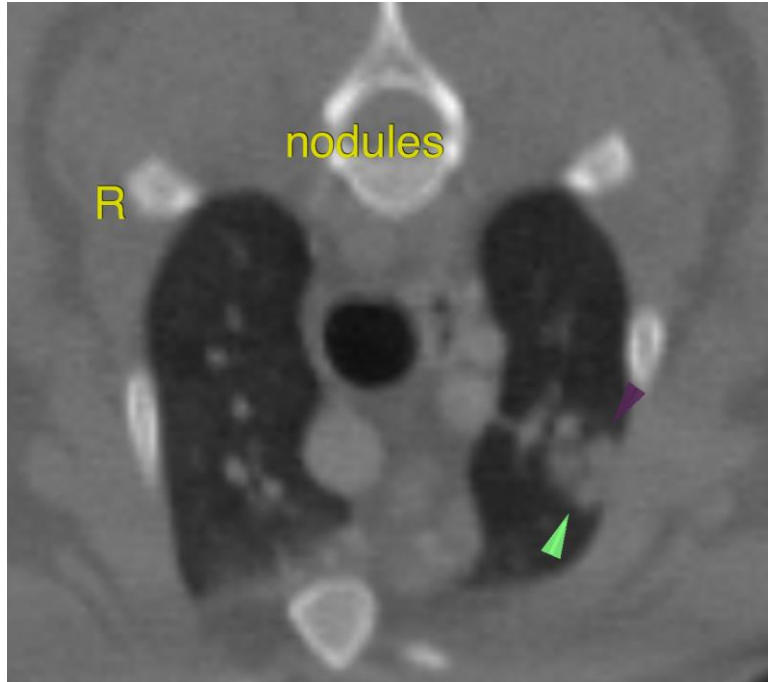
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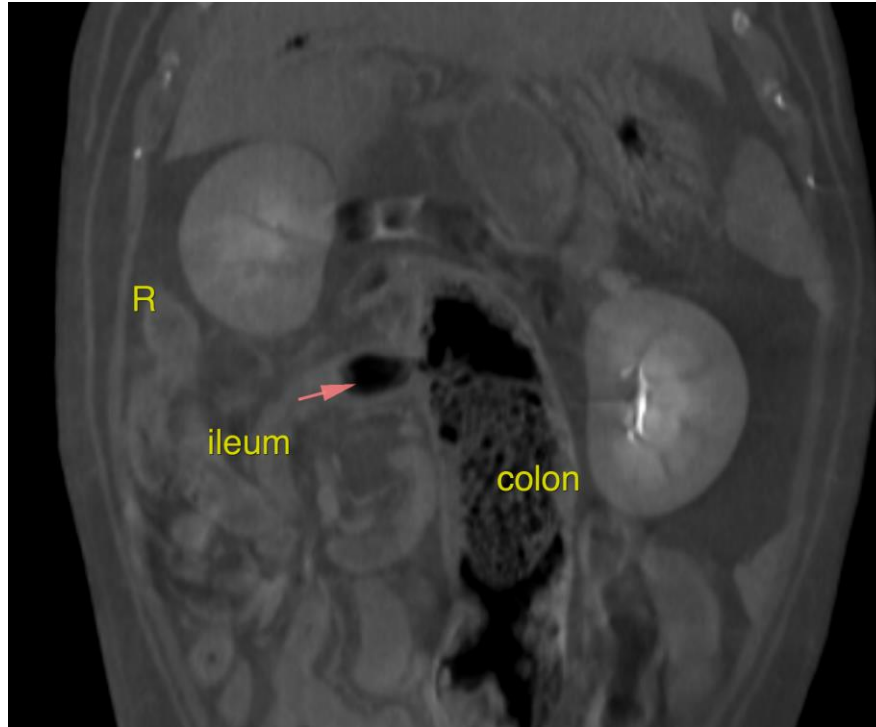
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Mobile Pet Imaging

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