



**PATIENT**

Mitsu Osecki

**PRESENTING CLINICAL SIGNS**

Presented for a chronic cough/hack starting in march. Was treated for asthma with depomedrol and given a convenia injection. Echocardiogram was normal. Patient now will have to pause to breath with minor physical activity. Owner also reports nasal congestion.  
Abnormal PE/Chem/CBC/UA Results: Normal

**SPECIES**

Feline

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

Plain and post contrast studies available for review.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

**SEX**

FS

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

**AGE**

10

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

The salivary glands present within normal limits.

**Thorax**

**REFERRING VET**

Dr. Runde

Multiple cranial mediastinal and tracheobronchial lymphadenomegaly is noted. The lymph nodes are rounded and ill-defined with decreased attenuation and poor but heterogeneous contrast enhancement and measure up to 1.5 cm in diameter. The largest is the middle tracheobronchial lymph node.

**INVOICE**

52070

Multiple cavitated and nodular interstitial pulmonary masses are seen. One cavitated 1.5 cm sized thick walled mass is seen within the right caudal and accessory lung lobes, respectively. Multiple smaller interstitial soft tissue attenuating and contrast enhancing nodules are distributed throughout the parenchyma of the other lung lobes.

**DATE**

5-11-22

A moderate generalized bronchial lung pattern is noted.

**Abdomen**

**PATIENT**

Mitsu Osecki

A 2.7 x 2.5 x 1.5 cm sized mass with multinodular appearance is seen in the left division of the liver. The mass expands the liver capsule. No peripheral fat stranding is seen. The portal lymph nodes presents within normal limits. Smaller hypoenhancing nodules are seen throughout the remainder of the liver.

**SPECIES**

Feline

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

**BREED**

DSH

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**SEX**

FS

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Cavitated pulmonary masses and interstitial pulmonary nodules.
- Multiple cranial mediastinal and tracheobronchial lymphadenomegaly meeting neoplastic criteria.
- Multinodular left divisional liver mass.

**AGE**

10

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The CT findings are highly suggestive for multicentric or metastasizing neoplasia involving the lung, tracheobronchial, and cranial mediastinal lymph nodes as well as the liver. Differential diagnosis includes round cell neoplasia such as lymphosarcoma as well as carcinoma such as bronchopulmonary, hepatocellular, or biliary. The masses within the liver, lung, and mediastinal lymph nodes may also represent separate entities which, however, is thought less likely.

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

Final diagnosis could be established by means of sampling. Ultrasound guided sampling of the left divisional liver mass is an option. The lung and mediastinal lymph node changes are unfortunately not readily accessible for ultrasound guided sampling, however, endoscopy with lower airway sampling and sampling of the tracheobronchial lymph nodes could be considered here.

**REFERRING VET**

Dr. Runde

**INVOICE**

52070

**DATE**

5-11-22



**PATIENT**

Mitsu Osecki

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

**REFERRING VET**

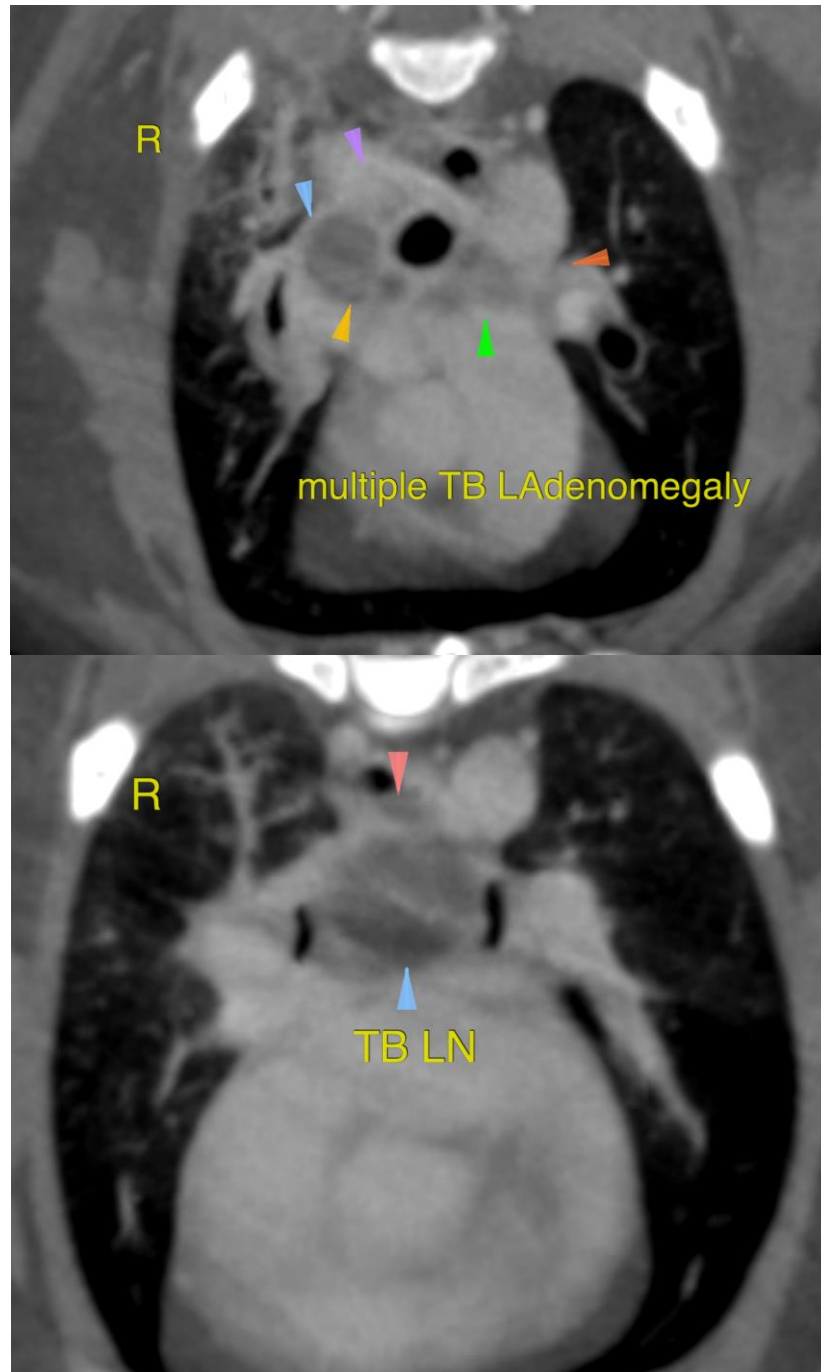
Dr. Runde

**INVOICE**

52070

**DATE**

5-11-22





**PATIENT**

Mitsu Osecki

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10

**INTERPRETED BY**

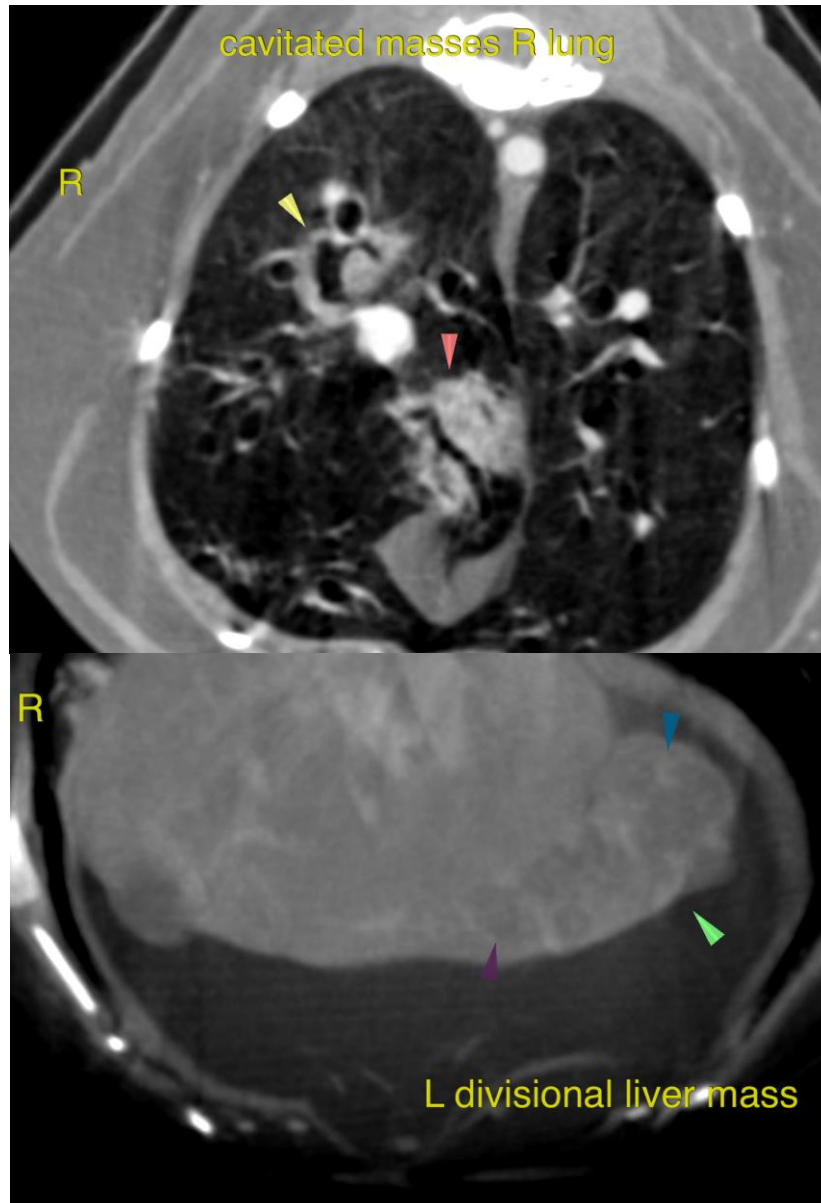
Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

**REFERRING VET**

Dr. Runde



**INVOICE**

52070

**DATE**

5-11-22

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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, DVM, Dr. med. vet., DipECVDI**  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com