



## PATIENT

Vim Akin

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

9Y, 6M

## WEIGHT

10.64lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Emily Akin

## HOSPITAL NAME

Boise Cat Clinic

## REFERRING VET

Dr. Layna Irwin

## INVOICE

74937

## DATE

5-8-26

## PRESENTING CLINICAL SIGNS

Rechecking pulmonary nodule. Previously presented for acute coughing. Coughing has since resolved. Clinically doing great.

- 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 - FNA: pyogranulomatous inflammation, presumed blastomycosis via positive serology, 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

## RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views totaling 3 images available for review.

## RADIOGRAPHIC FINDINGS

A single, well-defined, approximately 4mm sized pulmonary soft tissue nodule is identified on the right lateral view superimposed over the second rib pair. Based on projectional positioning, the lesion is most likely located within the left cranial lung lobe near midline. Exact lobar localization cannot be definitively determined radiographically. No additional pulmonary nodules or masses are identified. A mild diffuse bronchial lung pattern persists unchanged from prior study. No evidence of alveolar consolidation, cavitory lesions, or pleural effusion is seen.

The cardiac silhouette is within normal limits. The VHS is approximately 7 consistent with normal cardiac size. Pulmonary vasculature is within normal limits.

There is no evidence of sternal or mediastinal lymphadenomegaly identified. The mediastinal width is within normal limits.

The trachea is normal in diameter and course.

Comparison to prior study 3-10-26:

Previously reported pulmonary nodule has regressed to single small stable 4mm sized nodule. No new nodules are identified.

The previously documented bronchial pattern remains stable and unchanged.

No interval development of thoracic lymphadenopathy is seen.

## RADIOGRAPHIC DIAGNOSIS

- No evidence of disease progression in the thorax.
- Single small well-defined pulmonary nodules stable in appearance.
- No radiographic evidence of thoracic metastatic disease or lymphadenopathy.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The solitary pulmonary nodule remains stable and very small with no evidence of progression or development of additional lesions. Given the patient's history, the most likely differential diagnoses include residual granuloma or fibrotic scar, sequela of prior fungal infection, and less likely metastatic



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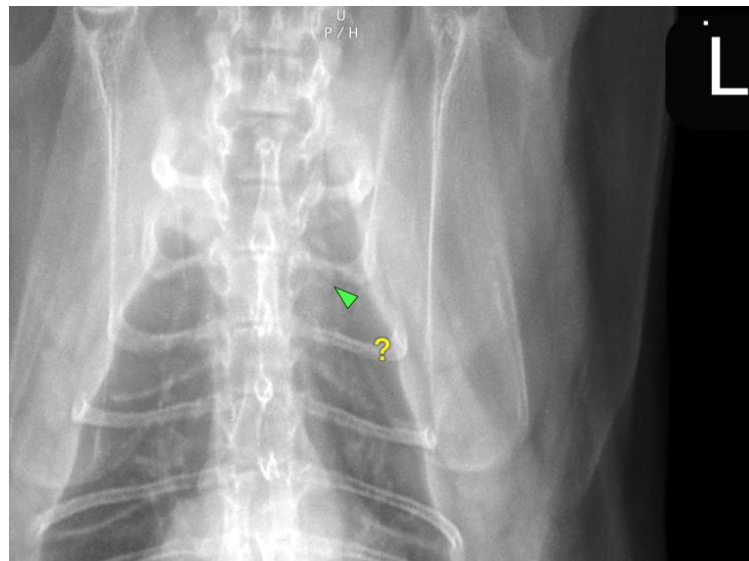
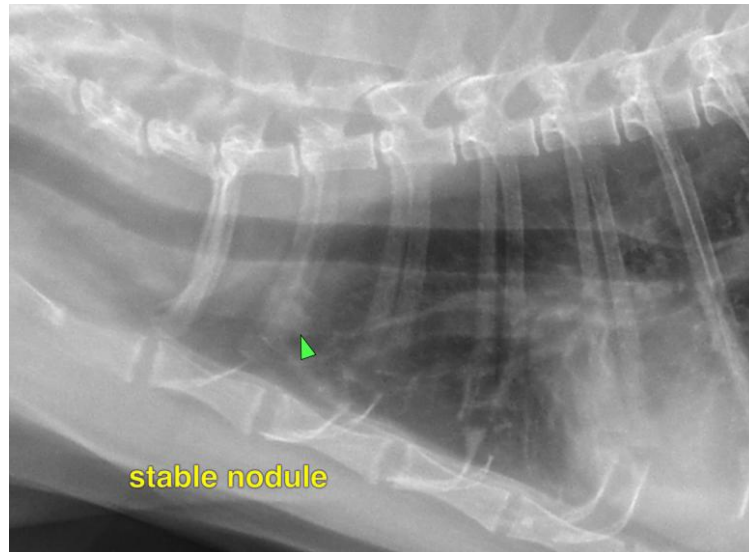
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or primary pulmonary neoplasia. Given long-term stability and absence of additional lesions, continued serial thoracic monitoring every 3-6 months could be considered.



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  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
[info@sonopath.com](mailto:info@sonopath.com)