



PATIENT

Squishy Beck

PRESENTING CLINICAL SIGNS

RIGHT LUNG LOBECTOMY 3 YEARS AGO. HX OF YELLOW NASAL DISCHARGE AND URI SYMPTOMS

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies available for review.

BREED

Domestic Shorthair

COMPUTED TOMOGRAPHIC FINDINGS

Head

A large amount of fluid attenuating material is seen within both nasal cavities. Occasional mineral attenuating foci is seen. There is extensive turbinate destruction in the rostral and mid third of both nasal cavities as well as focal thinning of the nasal septum and bony orbita. The right frontal sinus is filled with fluid attenuating contrast negative material.

SEX

Neutered Male

The tympanic bullae and ear canals present within normal limits.

AGE

15

The regional lymph nodes present within normal limits.

Thorax

The patient has a history of right lung lobectomy of unknown cause.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The right cranial and middle lobes present compensatory hyperinflation. Staple clamps are seen at the prior surgery site as well as multiple regional interstitial and subpleural bands.

A thick walled gas filled cavitory lesion of approximately 3.0 cm is seen dorsally within the left caudal lung lobe.

HOSPITAL NAME

Aloha Pet & Bird
Hospital

Mild sternal lymphadenomegaly is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Pepen

- Chronic bilateral rhinosinusitis with destructive component.
- History of lung lobectomy with regional interstitial scarring of the lung and single cavitory pulmonary lesion with in the left caudal lung lobe.
- Mild sternal lymphadenomegaly.

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings suggest presence of chronic bilateral rhinosinusitis such as bacterial, viral, and less likely fungal or lymphoplasmacytic. The findings are not typical for neoplasia. Consider further definition by means of rhinoscopy with sampling.

DATE

7-18-22

The cavitory lesion within the left caudal lung lobe may represent primary neoplasia of the lung such as bronchial carcinoma and less likely an abscess or bulla after spontaneous pulmonary injury. A new lung lobectomy with consecutive histopathologic examination could be considered.



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The sternal lymph node enlargement is mild and suggests reactive hyperplasia rather than neoplasia or metastatic disease. Ultrasound guided fine needle aspiration could be considered for further definition.

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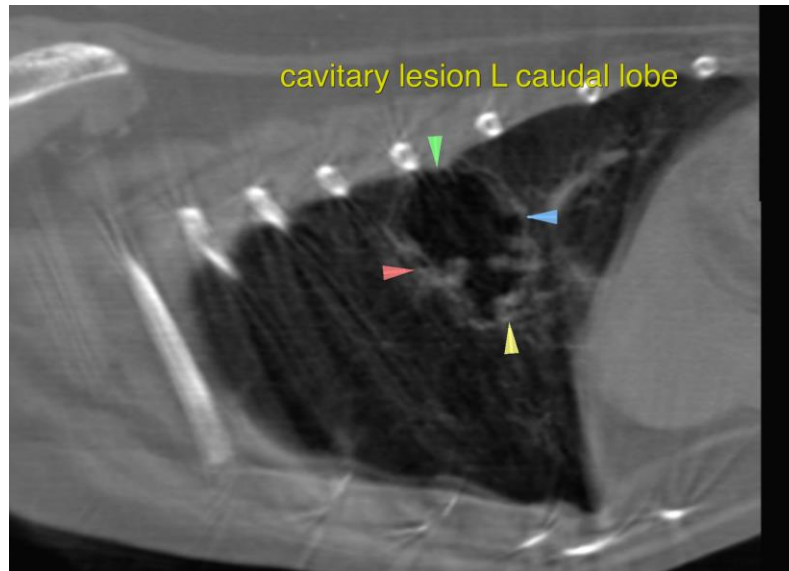
Dr. Pepen

INVOICE

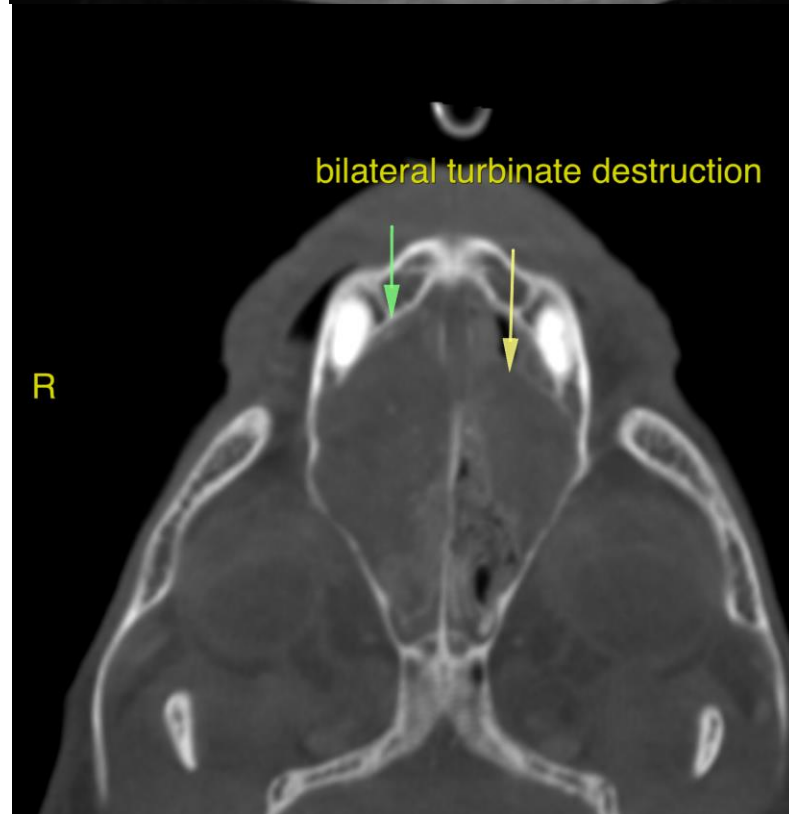
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cavitary lesion L caudal lobe



bilateral turbinate destruction



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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.

SPECIES

Feline

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