



PATIENT

Trouble Roberts

PRESENTING CLINICAL SIGNS

Radiographed on July 20 with accidental finding on abnormalities in lung field Radiographs taken of chest on August 17 Chronic constipation
Abnormal PE/Chem/CBC/UA Results: See attached BW Mild weight loss

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Right/left lateral and ventrodorsal views of the thorax and lateral and ventrodorsal views of the abdomen totaling 7 images available for review.

BREED

DSH

RADIOGRAPHIC FINDINGS

Thorax

The patient is in thin body condition.

SEX

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Mild generalized osteopenia is seen and considered within age related normal limits.

AGE

15

The degree of pulmonary inflation is moderate. There is a soft tissue opaque mass of approximately 2.0 cm diameter within the caudodorsal lung field which appears to be located within the right caudal lung lobe. Severe interstitial pulmonary nodules are seen throughout the lung. There is a moderate generalized bronchial lung pattern with peribronchial cuffing in the background with even distribution throughout the entire lung.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No radiographic evidence of cardiovascular pathology is seen.

The tracheal lumen is wide and patent.

Abdomen

HOSPITAL NAME

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Hospital

The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

REFERRING VET

Dr.Shannon Grodecki

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic tail is not seen.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

INVOICE

47013

Gastric aerophagia is noted.

DATE

8-18-21

The small intestinal loops are evenly distributed throughout the mid abdomen. No evidence of abnormal dilation is noted.

A moderate amount of highly inspissated fecal material up to the degree of mineral opacity is seen within the colon. No evidence of dilation of the large intestine is seen.

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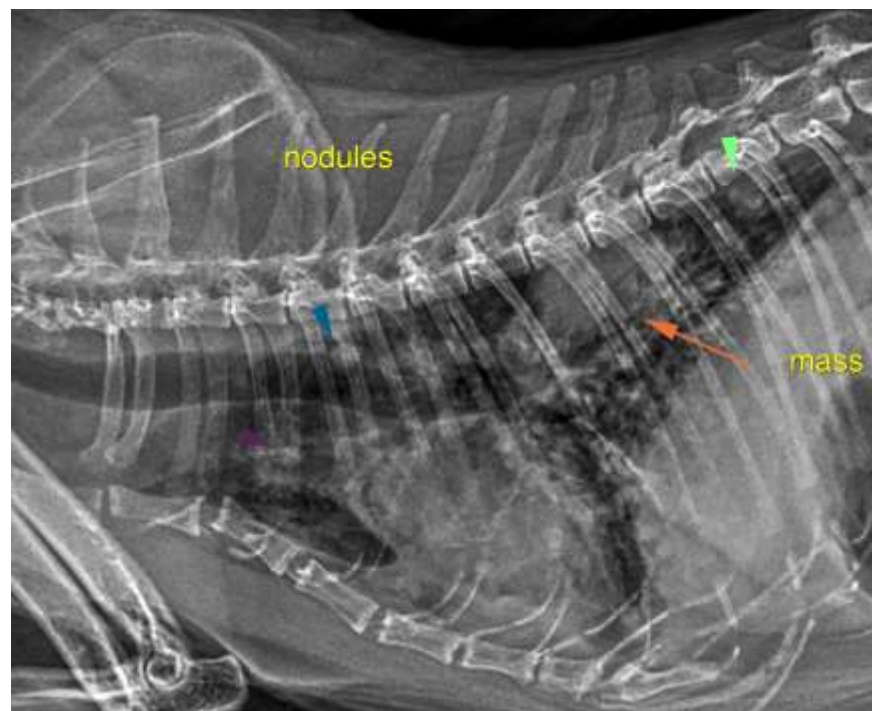
8-18-21

RADIOGRAPHIC DIAGNOSIS

- Pulmonary mass and nodules on the background of an active lower airway pattern.
- Aerophagia.
- Constipation.
- Presumably age related osteopenia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic active lower airway disease appears to be present in the background. The main finding, however, is the presence of a pulmonary mass and several interstitial pulmonary nodules. Primary differential diagnosis is neoplasia such as primary neoplasia of the lung with metastatic disease versus secondary neoplasia including sarcoma and metastases of another primary tumor. Pulmonary abscesses and granulomas cannot be ruled out entirely but are thought less likely. Longer standing active lower airway disease appears to be present in the background and may either represent allergic lower airway syndrome versus infectious bronchitis including viral, bacterial, parasitic, or protozoal. The findings should be compared to the prior radiographic study mentioned in the clinical history of the patient in order to determine the presence and degree of progression. Further definition could be considered by means of ultrasound guided sampling if a final diagnosis is strived. However, the patient may have to be positioned in right lateral recumbent position for several minutes prior to the procedure in order to provoke atelectasis of the superficial lung and enable visualization of the right caudal lobar mass. Endoscopic lower airway sampling and further monitoring by means of imaging could be considered alternatively.





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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.

SPECIES

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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.

BREED

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