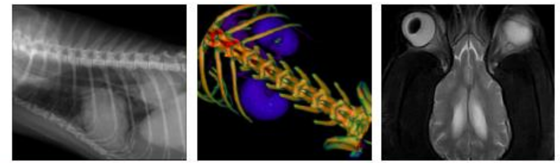
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Savannah Gropack

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

11 Years

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

50160

DATE

2-8-22

PRESENTING CLINICAL SIGNS

Presented on 1/27/22 for difficulty breathing. Also had some intermittent vomiting and chronic constipation. Bloodwork at that time: elevated calcium (12.3) and glucose (193) but otherwise unremarkable. She was started on prednisolone for suspected asthma and her breathing is improved on 5 mg of prednisolone. Chest x-rays performed at that time revealed a pulmonary nodule in the right caudal lung lobe.
Abnormal PE/Chem/CBC/UA Results: Lung mass. Incidental finding due to increased respiratory rate due to asthma. Right ureter appears to have a blockage.

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax:

The lungs present mild atelectasis of the ventral sections. There is a nodular lesion recognized in the right caudal lobe with diameters of 9.2 x 8.4 mm. Mild pleural contact and a central, spot-like calcification are detected. The lesion is well-defined with an inconspicuous pulmonary periphery. Enlargement of the cranial mediastinal lymph nodes is noted having a mildly rounded shape but an unremarkable periphery. Mild increase of the interstitial lung density with subtle peri-bronchial infiltrates is seen. Lungs are regularly ventilated apart from that with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas.

The thoracic trachea is inconspicuous, the main stem bronchi appear narrow but are aerated.

The esophagus presents as expected.

The heart is inconspicuous as far as can be assessed with CT.

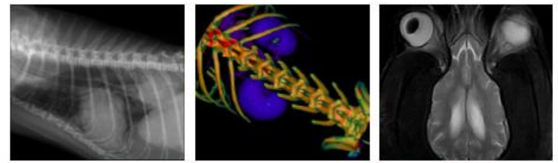
The diaphragm appears normal.

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

Abdomen:

Liver and spleen show normal findings in terms of size, surface, shape and contrast behavior. The gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal.

The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.



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The right kidney shows a small pelvic calculus and marked distension of the renal pelvis and the cranial ureter. The distension can be traced over a distance of approximately 2.4 cm. The ureter then undulates in course but can be traced up to the level of the trigone with mildly thickened diameter. Ureteral or cystic calculi are not recognized. Adrenal glands are in normal limits.

As far as can be assessed, the stomach and all parts of intestine are regularly presented without any indication of a wall thickening or a mass.

Abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

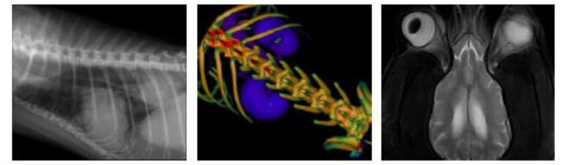
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary lesion right caudal lobe
- Mild mediastinal lymph adenomegaly
- Mild increase of the interstitial lung density and subtle peri-bronchial infiltrates
- Questionable narrowing of the main stem bronchi
- Right renal calcification/pelvic stone with distension of the renal pelvis
- Distension and thickening of the right ureter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of the right lung are unspecific and likely present a chronic lesion as seen after inflammatory processes and/or granuloma. The central calcification and the well-defined margins of the lesion would along with that assumption. Neoplasia however cannot be fully excluded. Final assessment is matter of the temporal evolution and/or CT-/ultrasound-guided biopsy/FNA. The mildly enlarged mediastinal lymph nodes could represent a reactive lymphadenitis as well as initial metastatic spread. Signs of another primary tumor are not recognized. Changes of lung density are mild in his case and likely are chronic, partially age-appropriate and seen with chronic inflammation (asthma, etc.).

The distension of the right renal pelvis and ureter speak for a chronic and obstructive issue. The thickened right ureter is consistent with an inflammatory process. Strictures and small, non-radiopaque calculi and conglomerates of detritus may cause chronic, dynamic and partial obstruction. Contrast (urine) inflow from the right ureter into the bladder is recognized.



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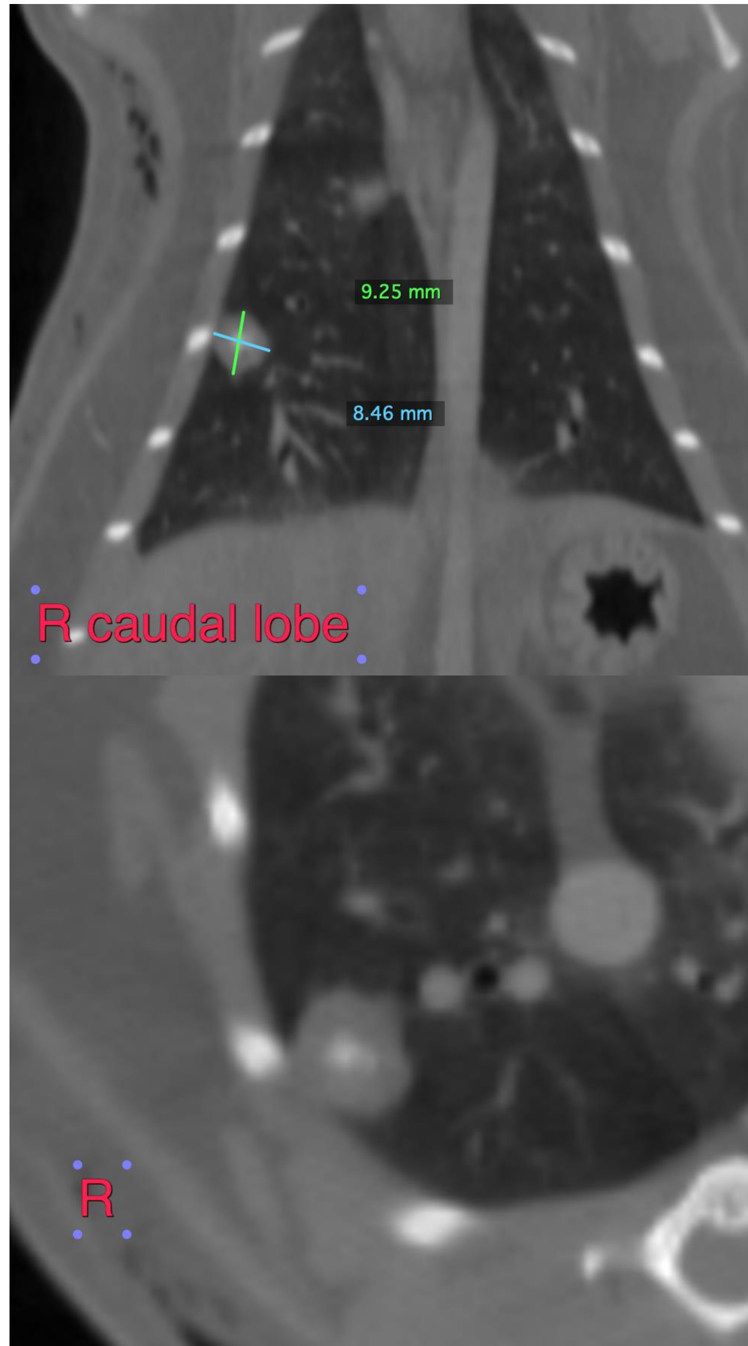

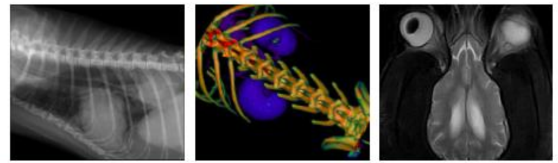

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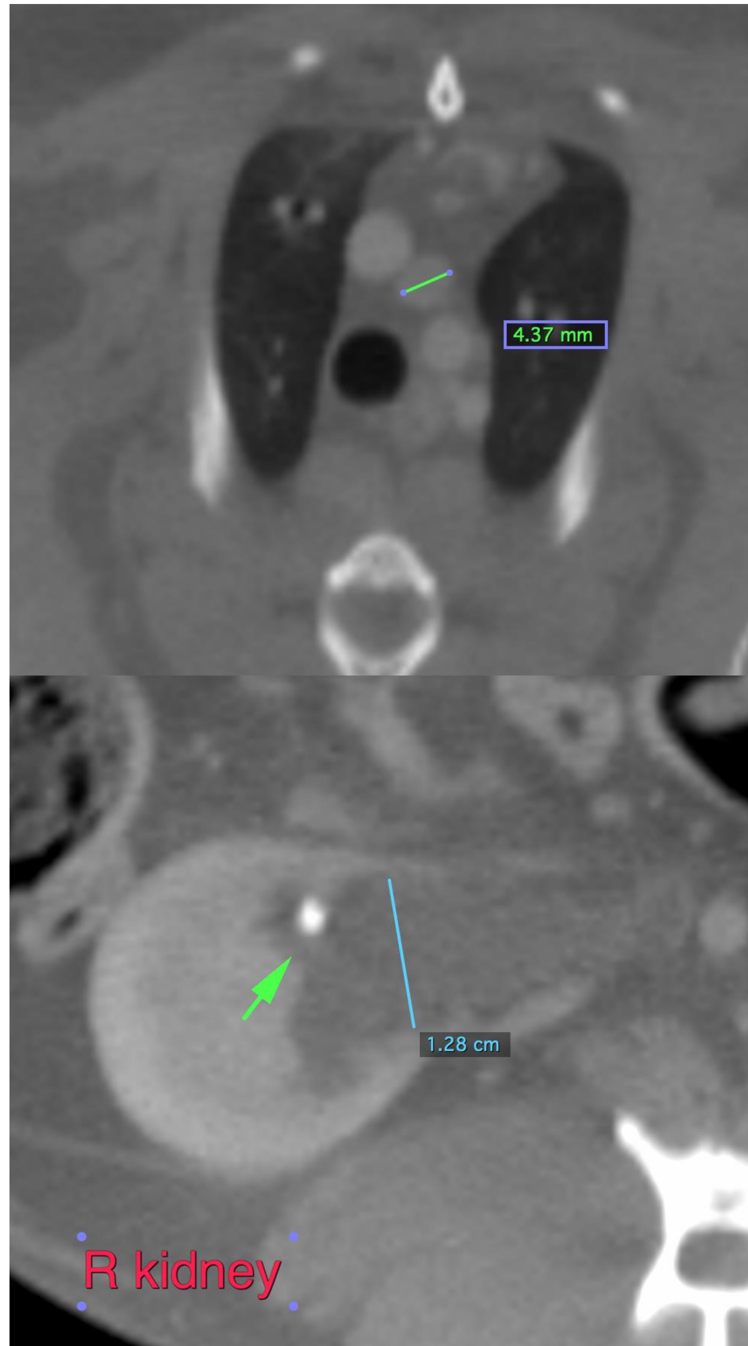

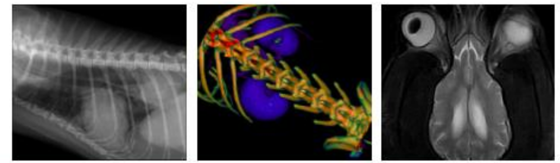

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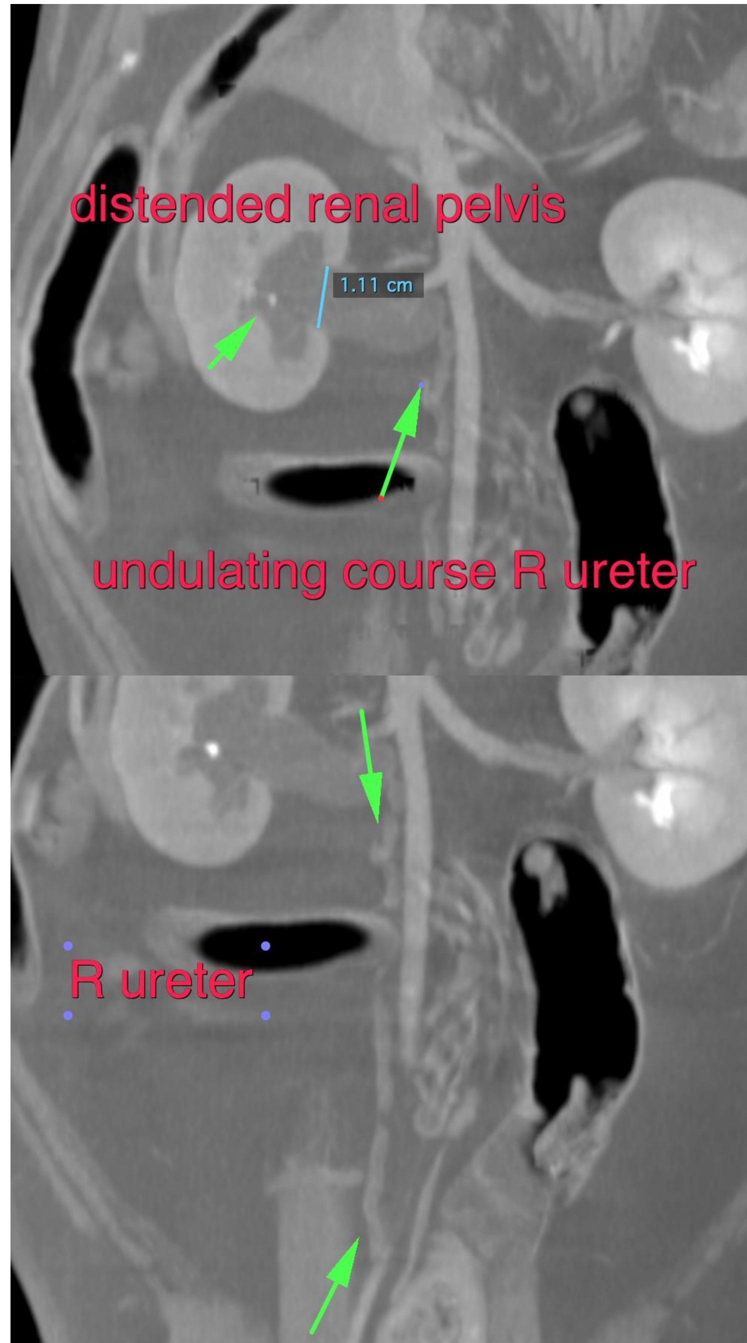

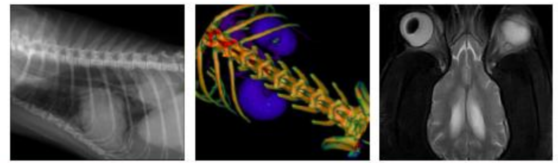

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Sebastian.Jawinski@sonopath.com