



**PATIENT**

Zuco Ninkovic

**PRESENTING CLINICAL SIGNS**

Pet presented for a second opinion and for a TTW or BAL. Per records from primary vet, pet has a cough and harsh lung sounds that was non-responsive to antibiotics. X-rays revealed some densities in the lungs so the pet was referred here for further diagnostics. After TTW, but before CT, pet was placed on prednisolone which did seem to help.  
Abnormal PE/Chem/CBC/UA Results: See attached

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE THORAX**

**BREED**

DSH

Pre/post contrast studies provided for review.

**SEX**

MN

**COMPUTED TOMOGRAPHIC FINDINGS**

The lungs present multiple focal pulmonary lesions of increased density/alveolar infiltrates, which show ill-defined margins and concomitant bronchial/peribronchial thickening and mild bronchiectasia (s. for example right caudal lobe). These lesions partially show broad-based pleural contact. The right caudal lobe indicates subtle focal mineralization. Mild pleural thickening/subtle free pleural fluid is suspected.

**AGE**

8 Years, 2 Months

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are mildly enlarged having an inconspicuous periphery and contrast uptake.

**INTERPRETED BY**

The thoracic trachea and esophagus appear as expected and are considered as normal.

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

Inconspicuous representation of the main pulmonary artery, of the pulmonary artery branching, of the large intrathoracic and the hepatic vessels shown.

Heart is inconspicuous as far as can be assessed with CT.  
Diaphragm is normal.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Nicholas Vitale

- Signs of a bronchopneumonia with prominent air bronchograms, bronchial thickening and bronchiectasia, initial lobar pneumonia and pleuritis
- Mild mediastinal lymph adenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

6-22-22

CT findings most likely represent an inflammatory pulmonary process including the bronchi and pleura. Common differentials include but are not limited to eosinophilic/infectious disease. Clinical improvement with prednisolone treatment would go along with immune-mediated disorders. Secondary infection (fungal/bacterial) with initial pulmonary abscesses/formation of granulomas is possible. Neoplasia is not suspected but cannot be fully excluded. Focal



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mineralization is recognized with chronic inflammation/granulomas and neoplasia. Endoscopy and TTW/BAL could be the next diagnostic steps (as already performed).

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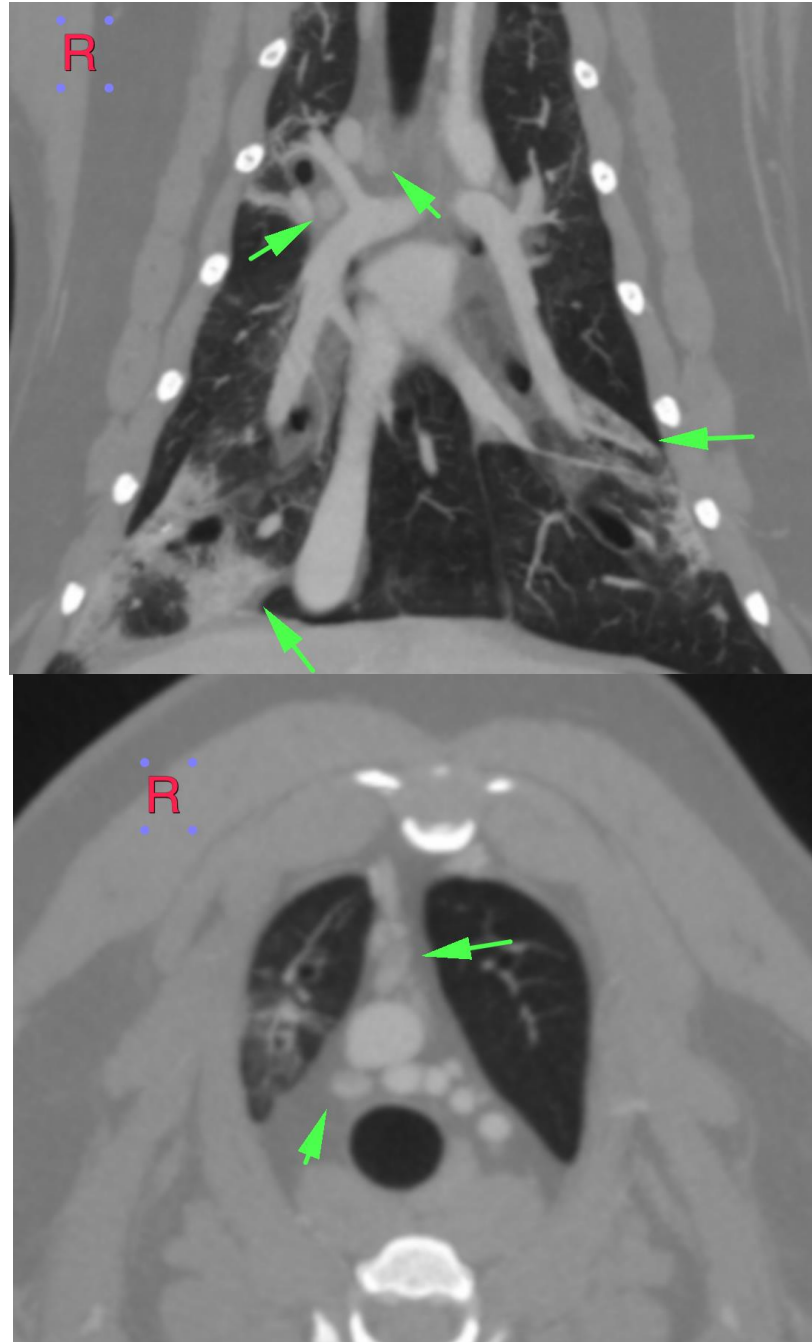
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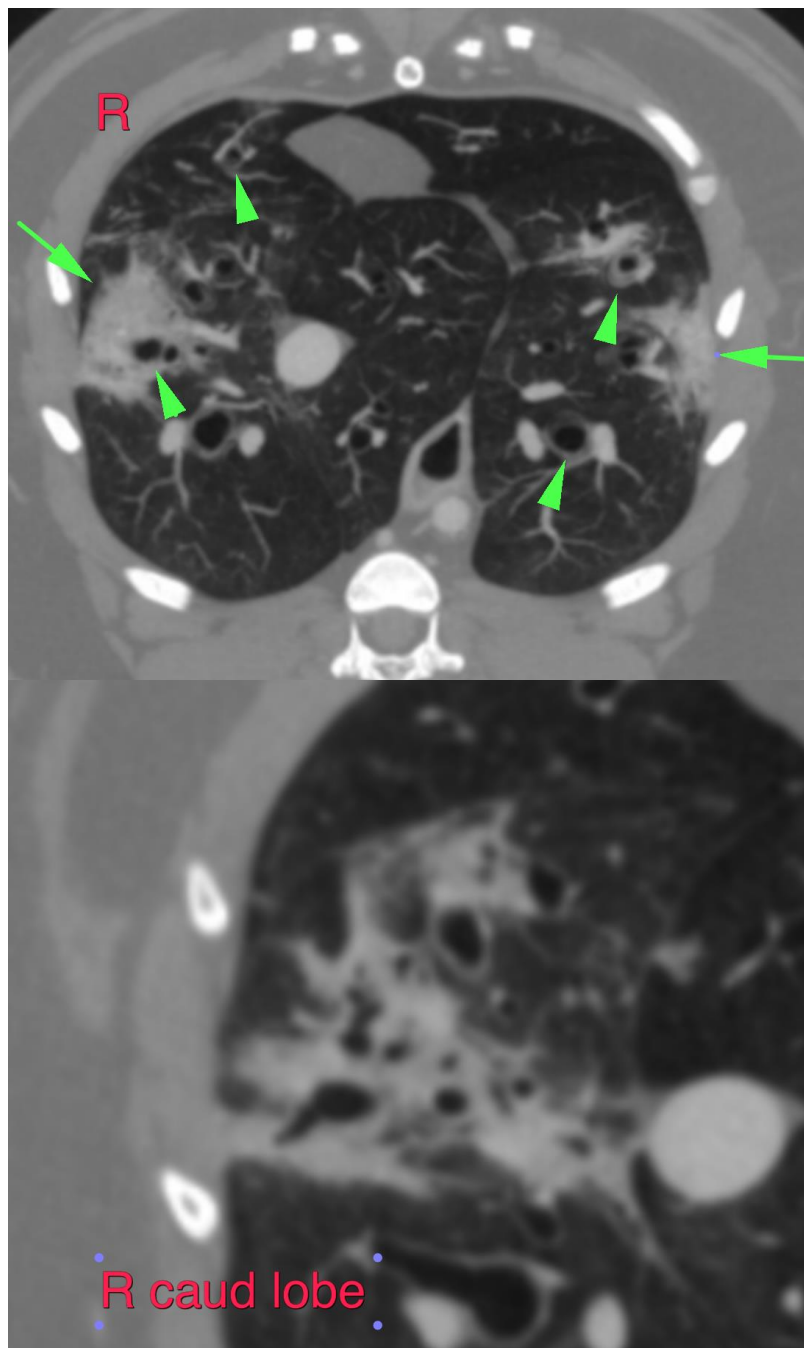
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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