



PATIENT

Riley #26212B-CT
King

SPECIES

Feline

BREED

Tabby

SEX

MN

AGE

14 Years, 1 Month

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Sergio Valadez, DVM

INVOICE

52814

DATE

7-12-22

PRESENTING CLINICAL SIGNS

Acute history of vomiting, inappetence, and dyspnea.
Abnormal PE/Chem/CBC/UA Results: On 6/30/22 Riley's was azotemic, which corrected after 24 hours of IV fluid therapy (suspect secondary to dehydration). Grade II/VI heart murmur. No abnormal lung sounds, but there is a soft tissue opacity noted at the cranial ventral thorax on x-ray.

COMPUTED TOMOGRAPHY OF THE THORAX

Pre/post contrast studies of the thorax and cranial abdomen provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. Mild lobar atelectasis of the right middle lobe is recognized. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

The mediastinum presents a rounded and moderately enlarged sternal lymph node. Its periphery is inconspicuous and well defined. Subtle and homogeneous enhancement is noted. The mediastinum is regular in width and density apart from that. The thoracic trachea and esophagus present as expected.

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.

The diaphragm is 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.

Ill-defined areas of contrast voids are recognized within the spleen without relevant protrusion of the capsule. The splenic margins are mildly rounded, splenic transverse diameter measure approximately 1.08 cm. The splenic periphery is normal. The cranial abdomen appears regular apart from that.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate sternal lymph adenomegaly
- Uneven contrast uptake of the spleen, mild splenomegaly
- Mild lobar atelectasis right middle lobe



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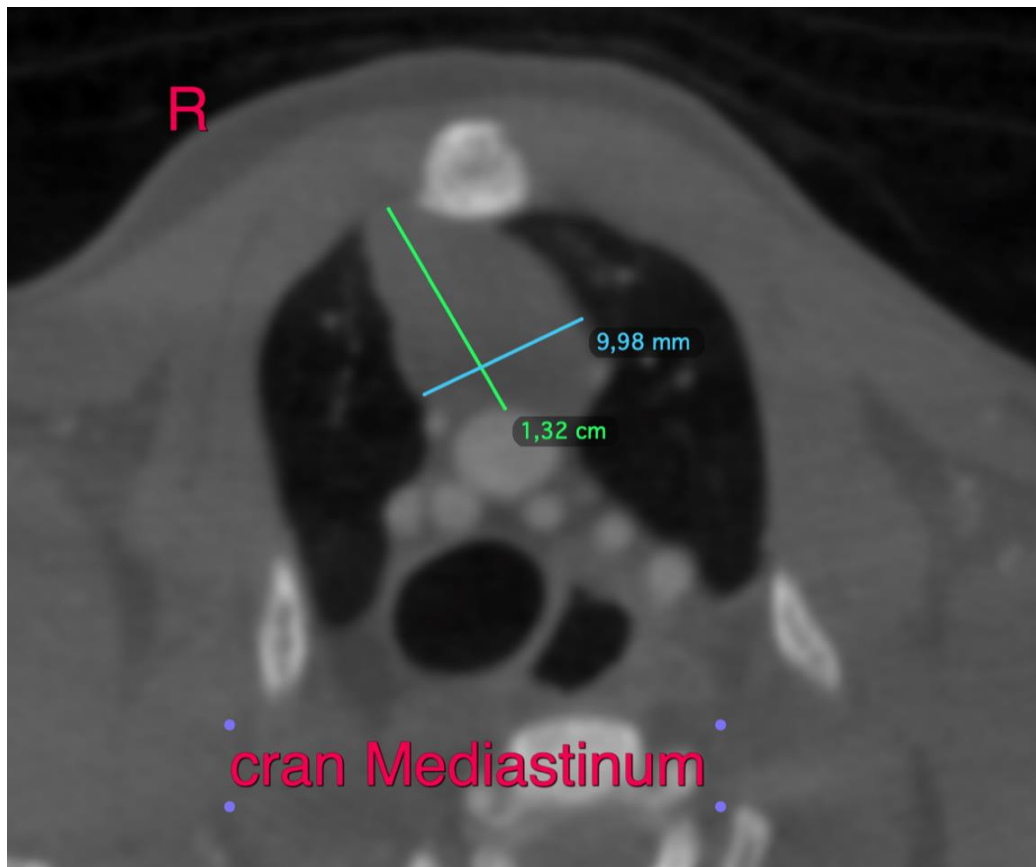
DATE

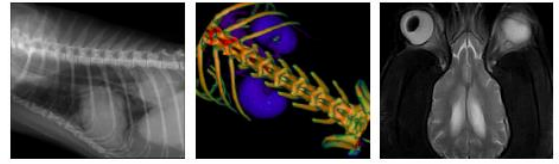
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings do not explain the reported patient's history of vomiting/dyspnea since the esophagus and stomach show no particular findings. The enlargement of the sternal lymph node may be secondary to an inflammatory or even neoplastic abdominal process. Size and rounding are more suspicious for a neoplastic issue, as a solitary finding reactive lymph adenitis is still possible from a CT perspective. CT-/ultrasound-guided FNA could be the next diagnostic step.

Mild splenomegaly, the uneven contrast uptake of the spleen and mild lung atelectasis (aspiration?) are commonly present due to positioning and anesthesia and therefore most likely not relevant. Infiltrative splenic disease and (chronic) infarcts are a differential diagnosis. A complementary abdominal ultrasound is recommended.





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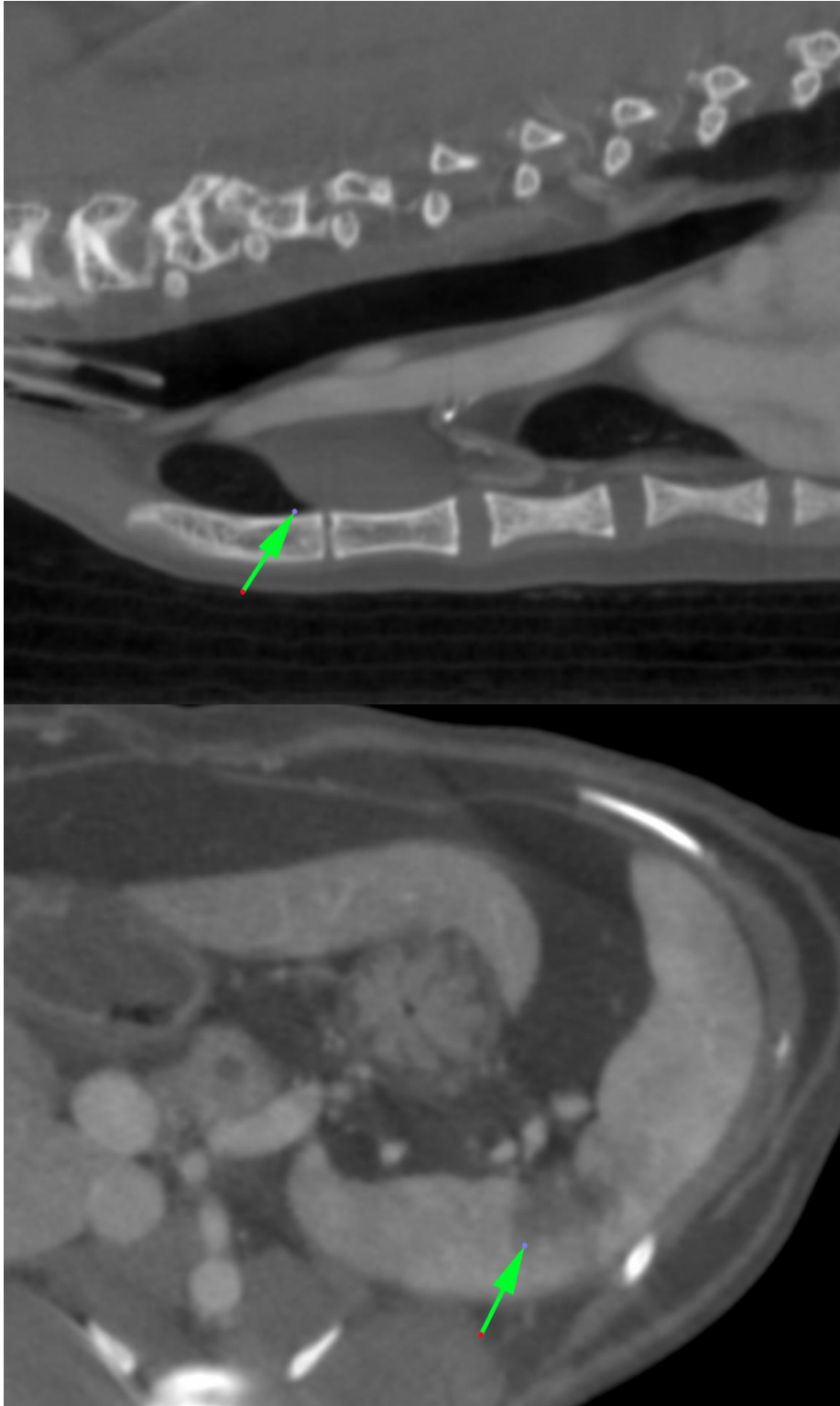
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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@sonopath.com

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