



PATIENT PRESENTING CLINICAL SIGNS

Morris Ellingson Follow up on soft tissue opacity in the right cranial lung lobe noted from prior CT on 05/24/21
Abnormal PE/Chem/CBC/UA Results: sedated prior to CT due to fractious behavior

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX

Feline A high resolution pre- and post-contrast CT thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED

DSH

Multifocal moderate spondylosis formation is seen along the caudal thoracic spine.

SEX

Male Neutered

The cardiovascular structures including the pulmonary vasculature are within normal limits.

AGE

8 Years

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The right middle lung lobe is consolidated and presents a moderately decreased volume with air-bronchograms. The caudal aspect of the right cranial lung lobe and the left cranial lung lobe present zones with dystelectasis. In the parenchyma of the cranial part of the left cranial lung lobe a zone of peribronchial consolidation of the lung parenchyma with ill-defined margins is seen.

HOSPITAL NAME

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

In the left lateral liver lobe, a well-defined pre- and post- contrast hypoattenuating roundish lesion is visible, measuring 1.6 cm in size.

REFERRING VET

Meaux

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal regions of dystelectasis throughout the lung
- Peribronchial alveolar pattern cranial part of the left cranial lung lobe
- Nodular parenchymal hepatic lesion
- Hypoattenuating parenchyma lesion left lateral liver lobe
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

1-10-22

The consolidated region in the right cranial lung lobe is not appreciated anymore in the current CT study, but there is a consolidated lesion in the left cranial lung lobe. I consider the odds for an inflammatory lesion with peribronchial pneumonia/mucus impaction high. Anyway, ultrasound guided FNA sampling by the 4th left intercostal space might be considered to confirm the diagnosis and ruling out malignant transformation. Follow up radiographs or thoracic CT in approximately 4-6 month can be used as a monitoring tool as well.



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The dystelectatic lung lesions are considered as a sequela to general anesthesia.

Recommend ultrasound guided FNA sampling of the hepatic mass to rule out malignant neoplastic transformation, versus hepatic cyst versus regeneration nodule.

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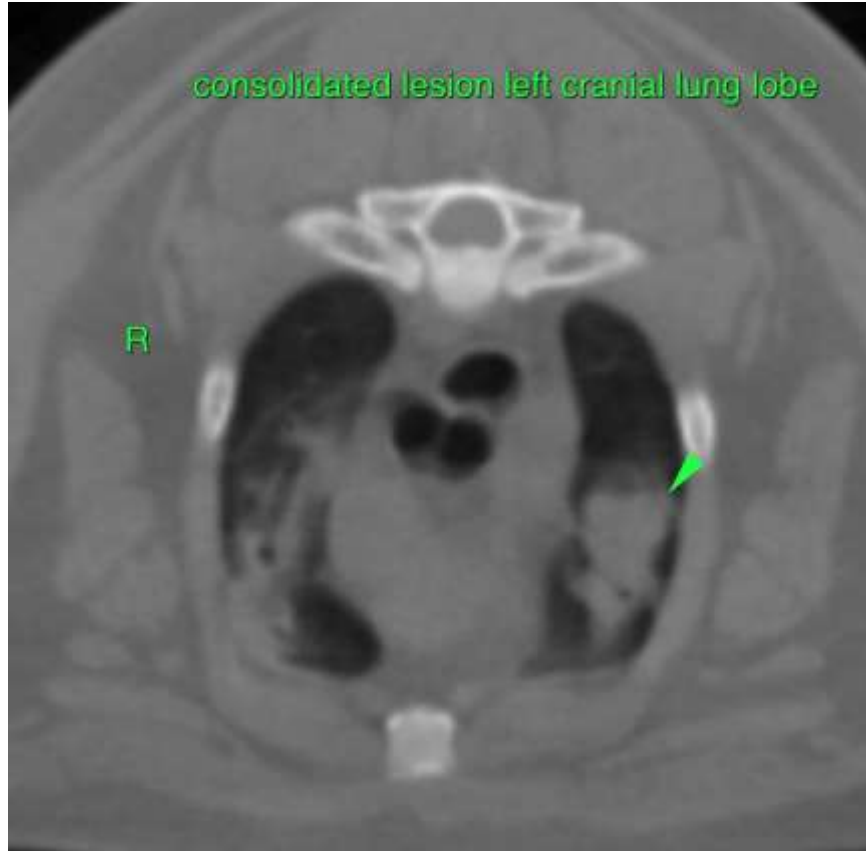
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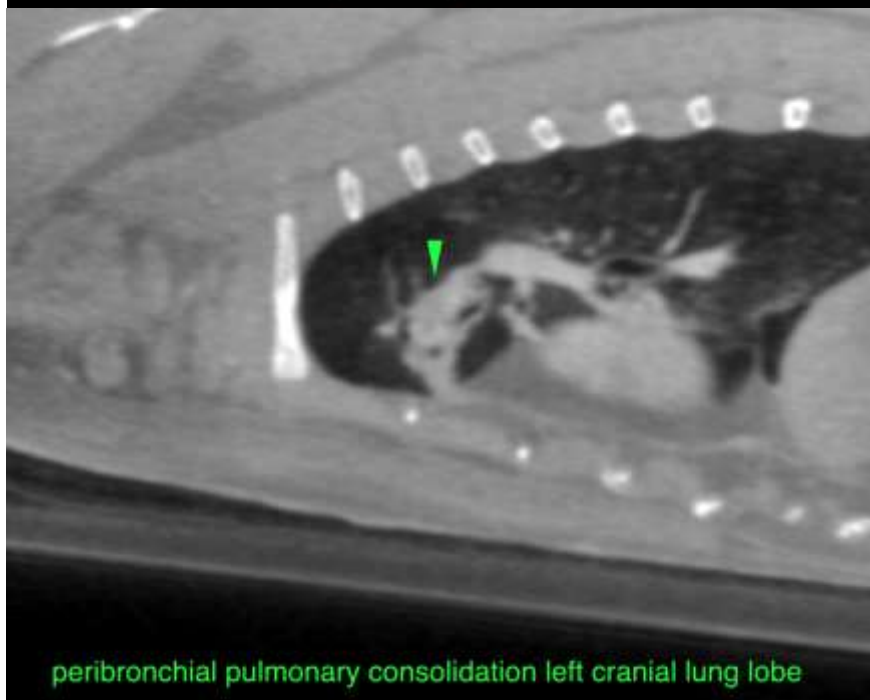
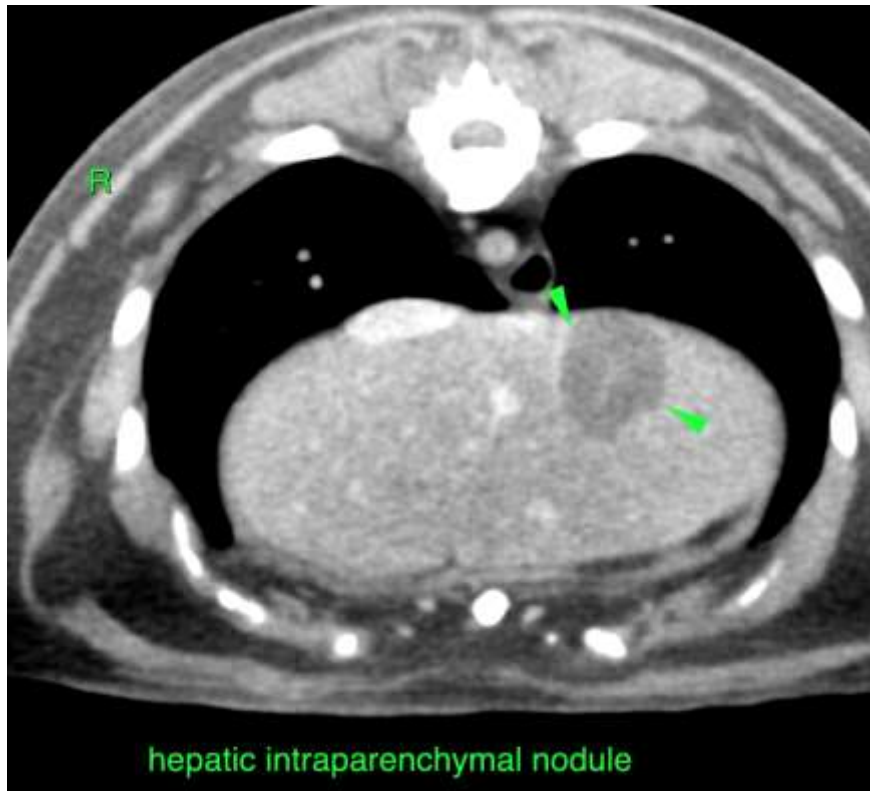
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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