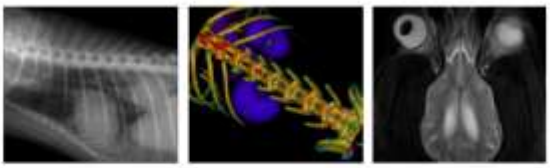


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Norm Cat Kendig

SPECIES

Feline

BREED

DSH

SEX

CM

AGE

13 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Michael Kendig

INVOICE

49319

DATE

1-4-22

PRESENTING CLINICAL SIGNS

Norm cat presented 2 weeks ago for vomiting twice and reduced appetite. A heart murmur was heard at that time. Abdominal ultrasound shows a small right kidney and a single urinary bladder stone. A mass was identified arising from the left caudal lung lobe. The heart is equivocal for hypertrophic cardiomyopathy and may appear thickened due to dehydration. Cardiac medication was not necessary. He has since recovered from the vomiting and reduced appetite.
Abnormal PE/Chem/CBC/UA Results: PE: thin body condition Lab: Bloodwork is dated 12/18/21. CBC - PCV = 44%, WBC = 7100, neutrophils = 3479, lymphocytes = 3124, monocytes = 213. Platelets = 310,000. Chemistry - amylase = 2043, all else normal. T4 - 1.8. Urinalysis not provided. Echocardiogram: Slight left ventricular hypertrophy, equivocal, may be due to dehydration Abdominal ultrasound: right kidney stone, bladder stone, mass left caudal lung lobe

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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

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.

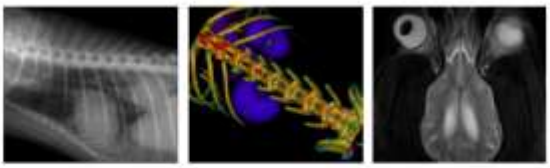
In the ventral aspect of the left caudal lung lobe, an irregular roundish gas containing lesion, demarcated by an irregular thick, soft tissue attenuating capsule is visible. In the right caudal lung lobe, a small (<3 mm) ill-defined nodular lesions is visible. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineralized material is associated with the renal pelvis of the left kidney. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. A



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mineralized body is attached to the left craniolateral mucosa of the urinary bladder, measuring 4 mm in size. The urinary bladder is markedly distended by fluid attenuating material.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The common bile duct is mildly dilated, measuring up to 1.5 mm in diameter.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thick walled cavitary pulmonary lesion left caudal lung lobe
- Solitary small nodular lesion right caudal lung lobe
- Cystolith – possibly adhered to the mucosal lining
- Incidental mild dilation of the common bile duct without evidence of obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cavity pulmonary lesion is concerning for primary pulmonary neoplasia, such as bronchogenic carcinoma. History of pulmonary abscess or granuloma with necrotic center is a potential but considered less likely. The solitary pulmonary nodule in the right caudal lung lobe is equivocal for benign fibrosis, granuloma, mucus impaction/round pneumonia or metastatic disease. Careful ultrasound guided FNA sampling of the wall of the cavitary lesion can be tried as an advanced diagnostic test.

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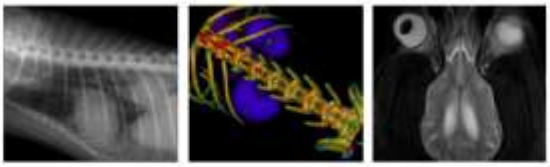

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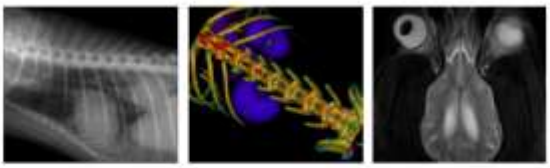

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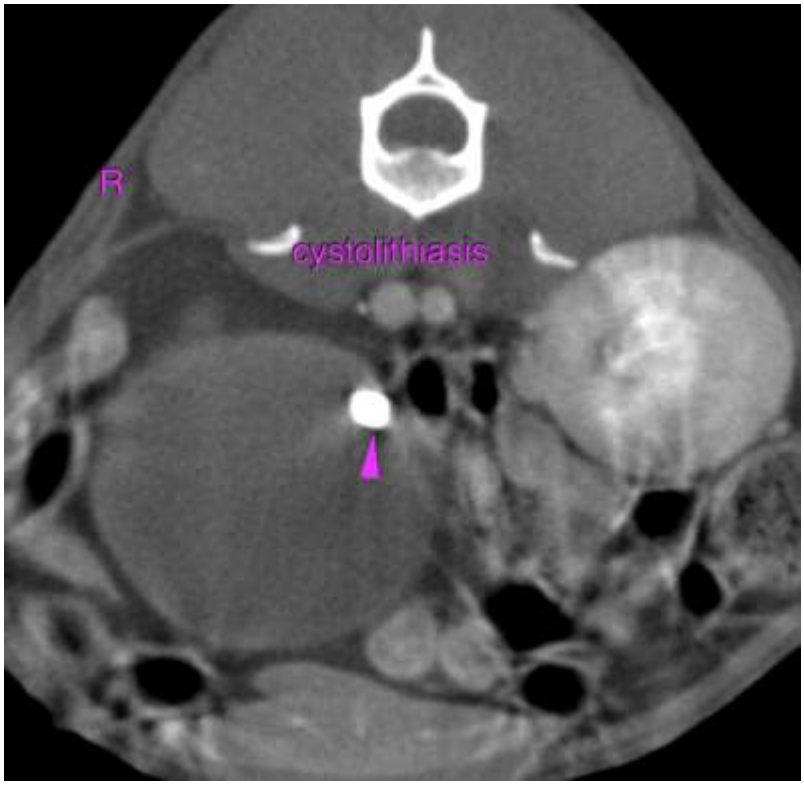

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com