



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Nellie Haynie  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Spayed Female  
**AGE** 13 Years

History: Nellie is here for further evaluation of a mass that is within her chest. She was seen on ER service at SOVSC in early August and was found to have evidence of airway inflammation, a bit of fluid in the chest, and mass within the right caudal lung lobe. She was initially treated with inhaler therapies, but they have been discontinued over time due to ongoing clinical improvement. Recent repeat chest x-rays show quite a bit of growth of the mass, and it looks more central within her chest. Nellie is currently eating and drinking normally with no vomiting nor diarrhea. She has a history of hyperthyroidism and takes methimazole 2.5mg twice a day. Nellie also has a history of soft tissue sarcoma grade 2, which was removed once (6/2019) and then again via amputation (4/2020) when there was regrowth locally. No regrowth has been noted since the amputation in Summer 2019. Nellie also has a long-standing history of herpes viral infection which manifests in intermittent nasal discharge and L eye weeping.

Abnormal PE/Chem/CBC/UA Results:

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

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

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

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.

**HOSPITAL NAME**

Southern Oregon VSC

Generalized mild thickening of the bronchial walls is noted. The cranial part of the left cranial lung lobe presents a small region of pulmonary consolidation. Level with the 3<sup>rd</sup> left intercostal space, in the cranial part of the left cranial lung lobe, a well-defined gas filled roundish lesion is visible, demarcated by a thin, soft tissue attenuating capsule.

**REFERRING VET**

Kim Winters

The remainder of the lung parenchyma present the expected architecture and attenuation behavior. Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

13953

- Small region of dystelectasis cranial part of left cranial lung lobe
- Solitary bulla cranial part of left cranial lung lobe
- Mild bronchial lung pattern
- No evidence of pulmonary mass

**DATE**

10/21/21



**PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Nellie Haynie The mild bronchial lung pattern is compatible with feline inflammatory lower airway disease. The small region of dystelectasis and the bulla can be a sequela to preceding lower airway infection and are considered as an incidental finding. There is no evidence of pulmonary neoplastic disease.

**SPECIES**

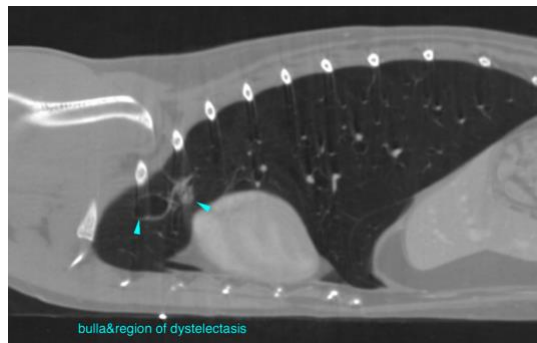
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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