



PATIENT PRESENTING CLINICAL SIGNS

Lila Darnell History: Chronic coughing and vomiting over the last week, x-rays revealed 2 large soft tissue nodules within the right cranial and caudal lung lobes.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

BREED

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

DSH

SEX

The right tracheobronchial lymph node is significantly enlarged, presents ill-defined margins and heterogeneous contrast enhancement pattern. The right pulmonary artery is encompassed by the mass originating from the right tracheobronchial lymph node and compressed. The pulmonary artery of the right cranial lung lobe presents moderate thickening of the wall.

Spayed Female

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

AGE

12 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

In the hilar region of the right caudal lung lobe, an irregular shaped, soft tissue attenuating and heterogeneous contrast enhancing peribronchial mass is appreciated, measuring 2.5 x 2.5 x 3.5 cm in size. The mass is distorting and deviating the first degree bronchus of the right caudal lung lobe and is bulging into the bronchial lumen.

The left caudal lung lobe and the accessory lung lobe present zones with atelectasis of the lung parenchyma.

HOSPITAL NAME

Scottsdale VC

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. D'Monte

- Pulmonary soft tissue mass right caudal lung lobe
- Lymphadenopathy right tracheobronchial lymph node, compressing the right pulmonary artery
- Thickened wall pulmonary artery right cranial lung lobe
- Multiple zones of dystelectasis of the lung parenchyma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary mass of the right caudal lung lobe is consistent with primary pulmonary neoplasia and carcinoma is most common. The enlarged right tracheobronchial lymph node presents signs of

DATE

10/26/22



PATIENT local invasive growth and is compressing the right pulmonary artery. The thickened wall of the right cranial lung lobe might present tumor extension along the vascular sheath.

Lila Darnell

Ultrasound guided FNA sampling of the pulmonary mass can be used to confirm the diagnosis. However, due to the involvement of the right tracheobronchial lymph node and possible spread into the right cranial lung lobe, treatment options are limited to palliative management of the patient.

SPECIES

Feline

BREED

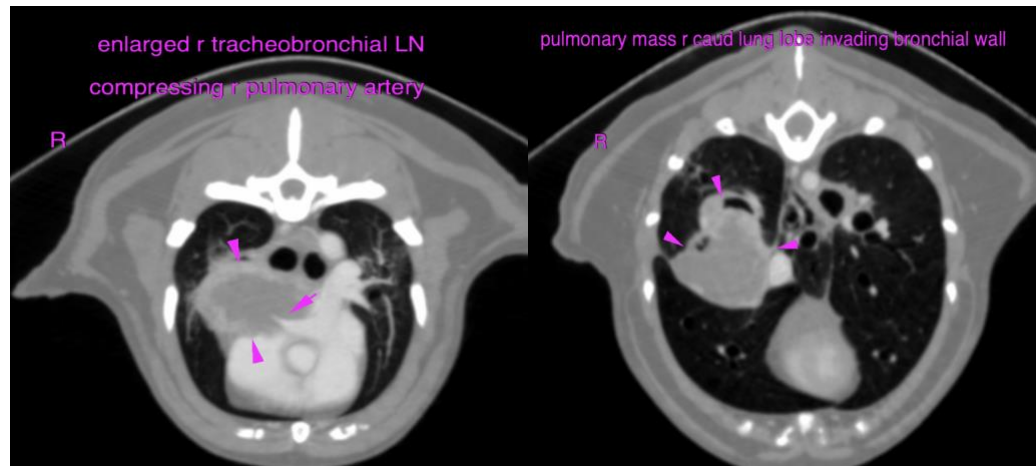
DSH

SEX

Spayed Female

AGE

12 Years



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.

INTERPRETED BY

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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.

HOSPITAL NAME

Scottsdale VC

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