



PATIENT PRESENTING CLINICAL SIGNS

Gandalf Haslam
SPECIES Feline
BREED DSH
SEX CM
AGE 10 Years

Gandalf presented for further evaluation of a pulmonary mass. Radiographs were taken last week looking for a possible intestinal foreign body (swallowed string 2 weeks ago). Radiographs show a well defined mass arising from the left caudal lung lobe. He is asymptomatic for the pulmonary mass. He has a history of cystitis and allergies. He defecates outside his litterbox when cystitis flares up. Used to scratch at face and cause self trauma but allergies have lessened since starting hyposensitization. Previous diagnosis: chronic cystitis, environmental/food allergies Purpose of CT scan: Staging Location of CT scan: Chest Mass (behaviors): Asymptomatic Therapies tried and response: None Current medication: Immunotherapy drops, gabapentin, Prazosin, Royal Canine hydrolyzed protein SO Current symptoms: Defecating outside litter box, otherwise asymptomatic regarding chest mass. General health status: Eating and drinking well. No diarrhea. A little bit of vomiting. Energy levels normal.

Abnormal PE/Chem/CBC/UA Results: PE: Normal Lab: Bloodwork is dated 12/11/21. CBC - PCV = 45%, WBC = 5900, neutrophils = 3481, lymphocytes = 2301, monocytes = 59. Platelets = 162,000. Chemistry - normal. Urinalysis - USG = 1.034, pH = 6.5, trace protein, WBC = 0, RBC = 0-1/hpf, no bacteria. T4 = 1.4

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are 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 left caudal lung lobe, a well-defined, soft tissue attenuating and mild contrast enhancing roundish lesion is visible, presenting a multicameral gas containing area in the craniodorsal aspect. The pulmonary mass is measuring 2 cm in size. 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.

Abdomen

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Monica Anderson

INVOICE

49043

DATE

12-14-21

**PATIENT**

Gandalf Haslam

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

SPECIES

Feline

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

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

BREED

DSH

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

SEX

CM

The bony and surrounding soft tissue structures reveal no abnormalities.

AGE

10 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Partially cavitary pulmonary mass left caudal lung lobe
- No evidence of pulmonary metastatic disease
- Structural normal abdomen, no evidence of foreign material or signs for mechanical obstruction
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The first differential for the pulmonary mass is primary pulmonary neoplasia, such as bronchogenic carcinoma or bronchoalveolar carcinoma. Granuloma (e.g. Paragonimus k.) is a potential as well. Ultrasound guided FNA sampling by the 8th/9th left intercostal space can be tried for further workup – placing the patient in left lateral recumbency for 5-10 minutes prior to the ultrasound will help to increase visibility of the pulmonary lesion by induction of compression atelectasis of the superimposed lung parenchyma. Complete surgical excision by lobectomy of the left caudal lung lobe appears as a feasible treatment option.

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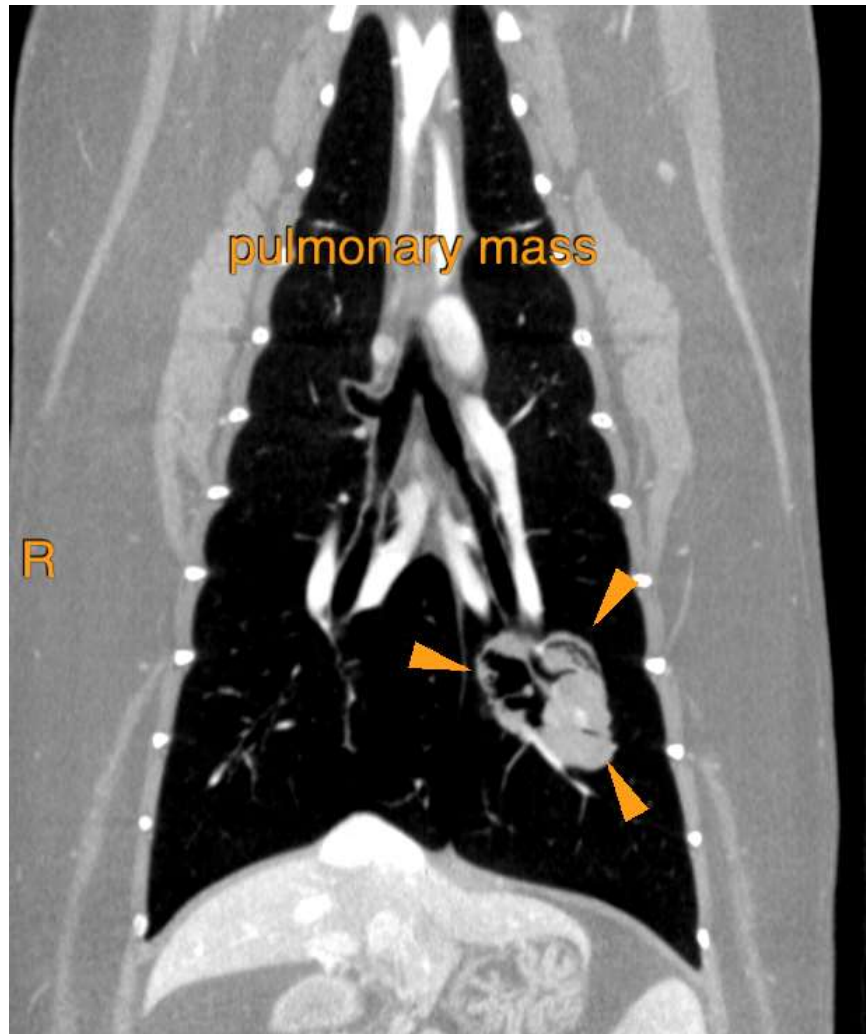
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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