



PATIENT PRESENTING CLINICAL SIGNS

Chloe Taylor P presented for history of coughing. Previous rad report mass in chest. increased lung sounds bilateral GI- bloated soft nonpainful
Abnormal PE/Chem/CBC/UA Results: pending

SPECIES RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Fel An overview study including the thorax and abdomen in three imaging planes is provided for review.

BREED RADIOGRAPHIC FINDINGS

DSH Thorax
The surrounding bony structures are within normal limits.

SEX The extrathoracic soft tissues present homogeneous without abnormalities.

SF The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

AGE The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

12 Level with the 6th/7th intercostal space, likely in the craniodorsal aspect of the right caudal lung lobe, an ovoid shaped, thick walled cavitory lesion, containing gas and soft tissue opaque material is seen – the lesion has increased in size in comparison to the previous radiographic study. In the caudodorsal aspect of the left caudal lung lobe, an ill-defined zone with ground glass opacification of the lung parenchyma is noted – suspect medial aspect left caudal lung lobe – subjectively mildly decreased in size in comparison to the previous radiographic study.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

A mild bronchial pattern is appreciated.

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Dorsal to the base of the heart, progressive granular mineralization of the lung parenchyma is appreciated.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

REFERRING VET Abdomen

Dr. Lentis The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

INVOICE

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The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

DATE

2-18-23

The splenic head is in the anticipated position and within normal limits for size and opacity.

The pancreas can be appreciated as fusiform shaped soft tissue opacity medial to the spleen.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and



PATIENT

lower urinary tract.

Chloe Taylor

The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

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The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

BREED

DSH

- Thick walled cavitory lesion, suspect craniodorsal aspect right caudal lung lobe – progressive in size
- Regressive size of consolidated region left caudal lung lobe
- Broncholithiasis – mildly progressive
- Spondylosis deformans

SEX

SF

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated pulmonary nodule on the right lung lobe has increased in size a developed to a thick walled cavitory lesion – slow growing primary pulmonary neoplasm with necrotic center (e.g. carcinoma), granuloma with necrotic center or pneumonia with abscessation are still considerations here. Cavitory lung lesions can also be a sequela to parasitic infection in feline patients – such as *Paragonimus kellicotti*. The consolidated lesion in the left caudal lung lobe has decreased in size increasing the odds for inflammatory in origin. FNA sampling is unfortunately still considered not feasible, due to the medial location in the lung parenchyma.

AGE

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The abdomen presents without abnormalities.

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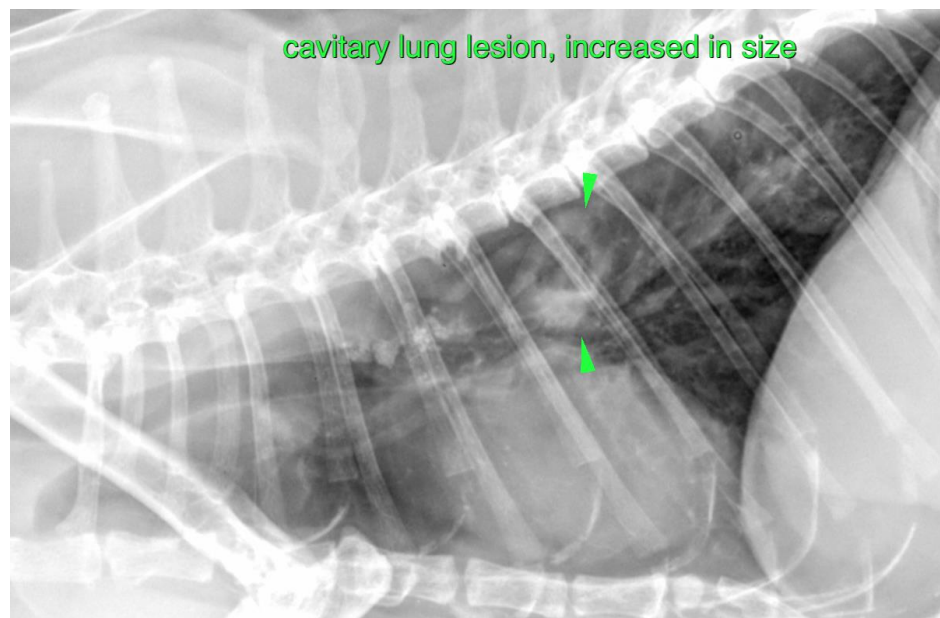
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PATIENT

Chloe Taylor

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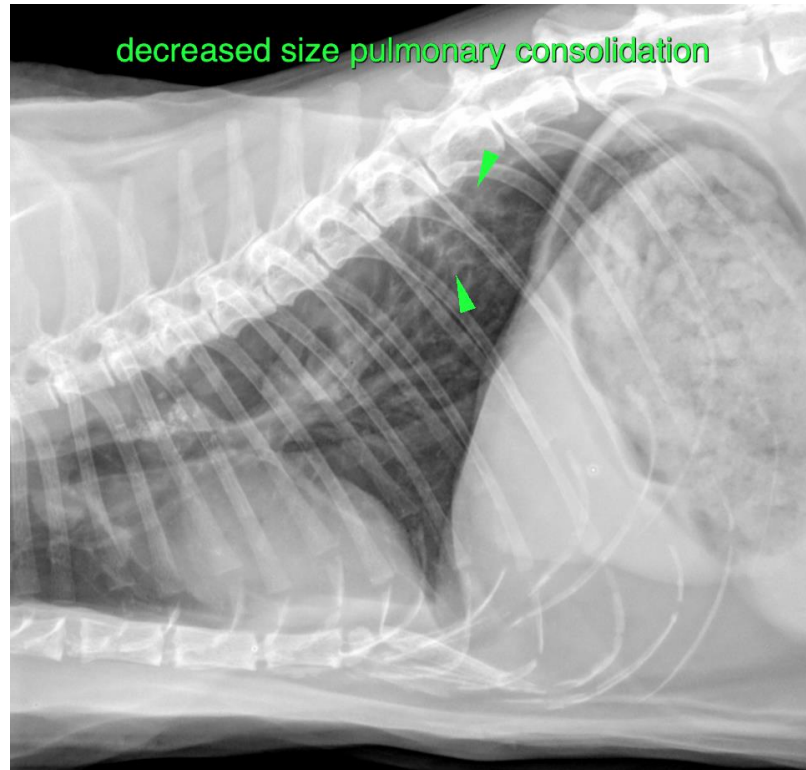
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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