



PATIENT

Eliza Rodriguez

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

11.1 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Alondra Aviles Lopez,
VT

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. De Leon, DVM

INVOICE

35931

DATE

2.20.26

PRESENTING CLINICAL SIGNS

- Presented on 2/7/2026 because of hyporexia and vomiting that was being treated at the other vet. Patient was retching and having trouble swallowing. Radiographs showed a possible lung mass on the right caudodorsal area. Recheck radiographs today show that lesion is larger. BAL was done today, results are pending.
- Abnormal PE/Chem/CBC/UA Results: CBC: NEU: 13.5 (1.4-9.7) MON 0.3 (0.0-0.2) CHEM: GLU 180 (70-150)

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Neck

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The osseous and soft tissue structures of the neck reveal no abnormalities.

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.

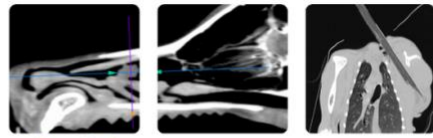
In the right caudal lung lobe – following the course of the first-degree bronchus – an irregular shaped uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen obliterating the associated bronchial segments and distorting the right principal bronchus. In the pulmonary artery of the right caudal lung lobe, an intraluminal filling defect is seen

The right and middle tracheobronchial lymph node are significantly enlarged, rounded, uniform soft tissue attenuating and heterogeneous contrast enhancing.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Irregular contrast enhancing soft tissue mass right caudal lung lobe
- Lymphadenopathy right and middle tracheobronchial lymph node
- Thrombus pulmonary artery right caudal lung lobe



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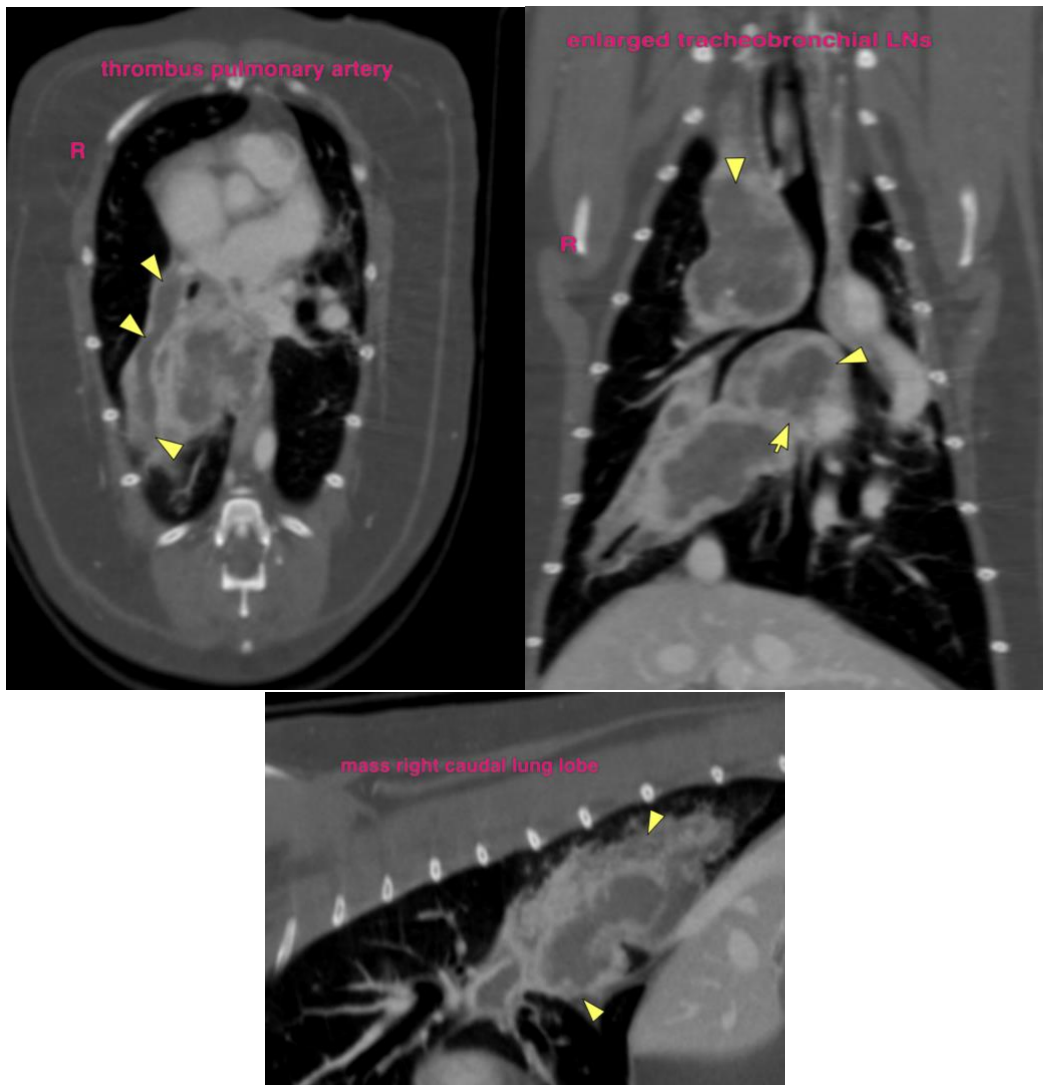
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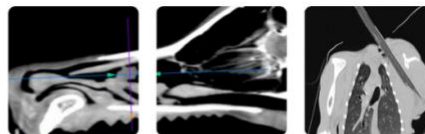
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass is consistent with primary pulmonary neoplasia originating from the right caudal lung lobe with metastatic spread to the tracheobronchial lymph nodes – the most likely diagnosis is carcinoma. Secondary tumorthrombus in the pulmonary artery of the right caudal lung lobe. Ultrasound guided FNA sampling of the pulmonary mass can be used for confirmation.



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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