



PATIENT PRESENTING CLINICAL SIGNS

Jezebel Low
SPECIES History: Nasal lymphoma diagnosed Spring 2022. Patient managed with radiation therapy and oral prednisolone management. Recent increase in respiratory rate and effort, nasal congestion, lower airway signs, and lymphadenopathy. Evaluation today performed to assess current disease state and evaluate potential next step management options and prognostic potentials. Computed Tomography for Jezebel Low Jezebel was anesthetized to examine the nose and thorax. An injectable contrast agent was given intravenously, and the scan was repeated. The images were sent for a radiology consultation and the report is pending. Veterinarian: Rory D. Applegate, DVM, DACVIM
Feline

BREED COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX Skull

Female Multiple teeth are absent.

AGE The nasal cavity is partially obliterated by soft tissue attenuating and moderate contrast enhancing material, extending caudally up into the choana. Moderate destruction of the nasal conchal & turbinate structures is appreciated.

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The right tympanic bulla is filled with fluid attenuating material and post contrast administration the mucosal lining is moderate contrast enhancing and thickened. The external ear canals are within normal limits.

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The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are moderately enlarged, rounded and present a mild heterogeneous contrast enhancement pattern.

REFERRING VET

Rory Applegate

The deep cervical lymph nodes are significantly enlarged and rounded; the superficial cervical lymph nodes are prominent.

Thorax

The cisterna chyli, the thoracic duct and the cranial abdominal lymphatic vessels are significantly enlarged and contrast enhancing.

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The sternal & cranial mediastinal are prominent and rounded.

Originating from the wall of the intrathoracic segment of the trachea, level with T2/T3, two small (<2 mm) nodular lesions are bulging into the tracheal lumen.

DATE

2-25-23

A disseminated tree-in-bud pattern of the second and third degree bronchi is seen with mild punctuate mineralization. In the cranial tip of the right cranial lung lobe, a heterogeneous soft tissue attenuating nodule is centered on the respective first degree bronchus. The right middle lung lobe and the caudal part of the left cranial lung lobe are consolidated, and the volume is

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Jezebel Low

moderately decreased; the respective lung lobes have a heterogeneous contrast enhancement pattern of the parenchyma due to interspersed variable sized fluid attenuating tubular lesions.

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Level with the left tracheobronchial lymph node, an ill-defined uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, encompassing and compressing the left pulmonary artery. The left principal bronchus is deviated dorsally by the mass effect and the bronchus of the left caudal and cranial lung lobe are mildly distorted in the hilary region. The middle tracheobronchial lymph nodes is moderately enlarged.

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

BREED

DSH

COMPUTED TOMOGRAPHIC DIAGNOSIS**SEX**

Female

AGE

14 Years

- History of nasal lymphoma
- Lymphadenopathy mandibular, medial retropharyngeal, deep cervical, cranial mediastinal and tracheobronchial lymph nodes
- Soft tissue mass region of the left tracheobronchial lymph node, compressing the left pulmonary artery
- Intraluminal mural nodules intrathoracic segment of trachea
- Dilated cisterna chyli and thoracic duct and cranial abdominal lymphatic vessels
- Nodular lung lesion right cranial lung lobe
- Tree-in-bud-pattern of the lung due to multifocal bronchial obliteration and broncholithiasis
- Atelectasis right middle lung lobe and caudal part of the left cranial lung lobe
- Right sided otitis media
- Multiple absent teeth

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings in combination with the history are consistent with disseminated neoplastic disease – lymphosarcoma has already been confirmed.

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The appreciated lung lesions can be a sequela chronic feline bronchial disease as second entity, however neoplastic infiltration of the bronchial walls needs to be considered as well.

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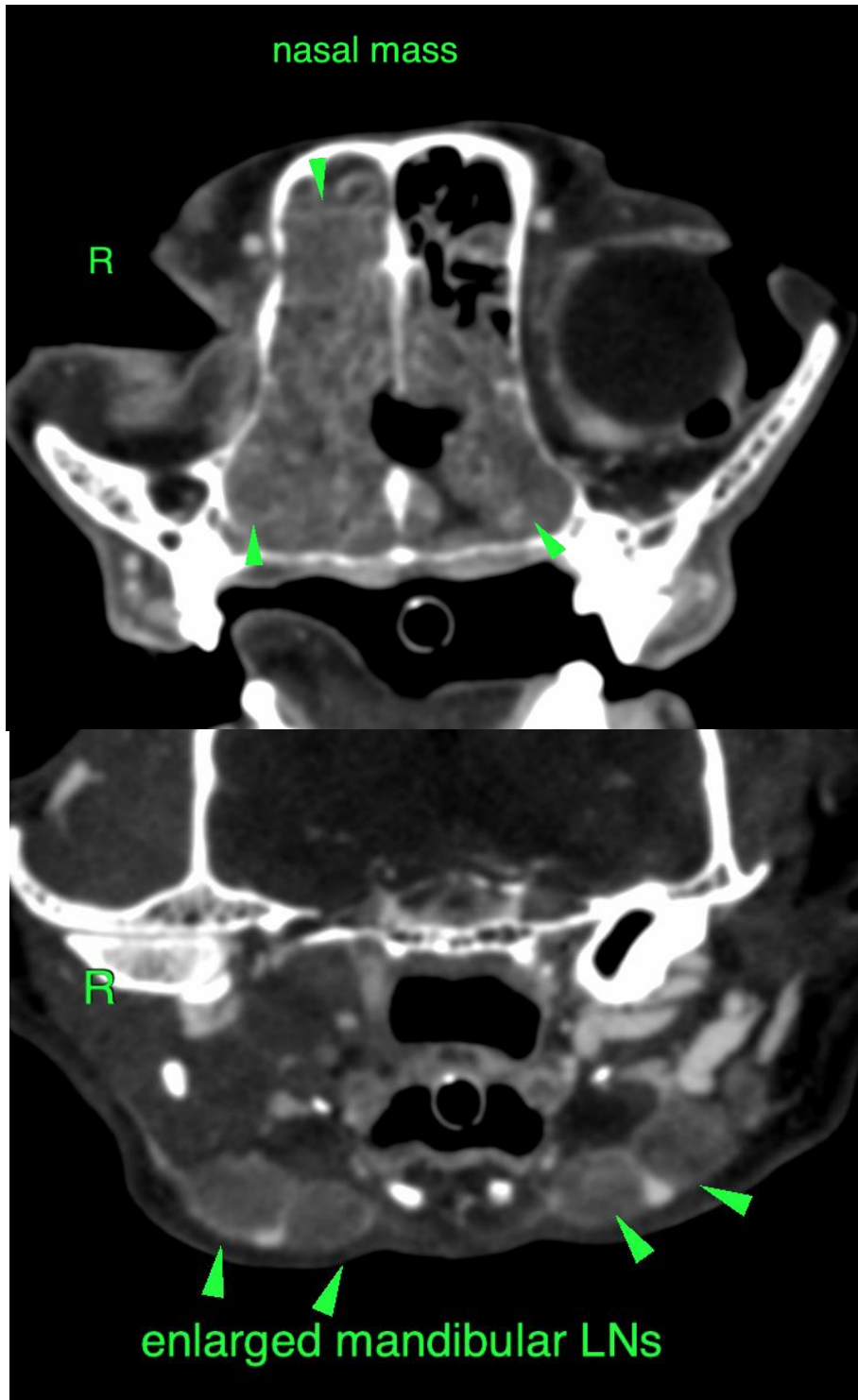
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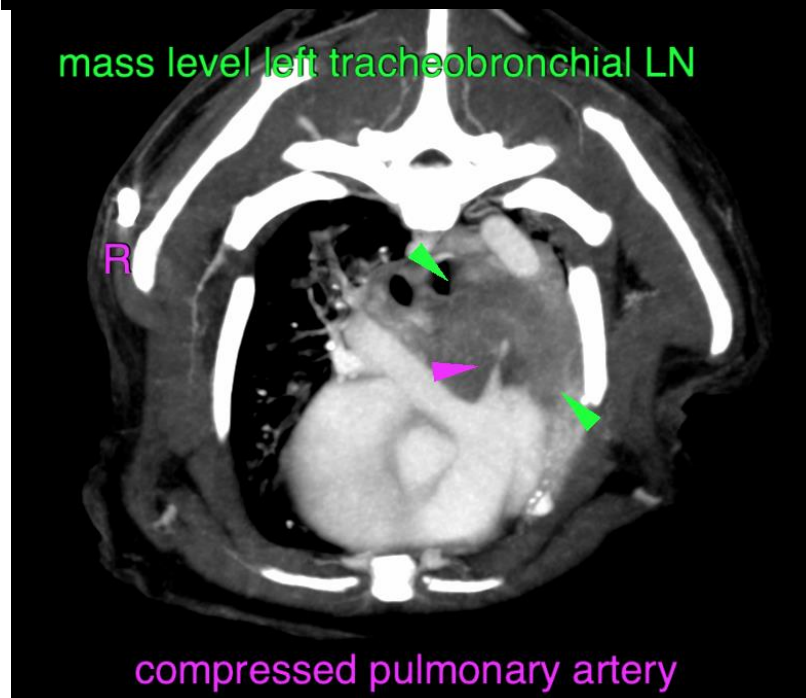
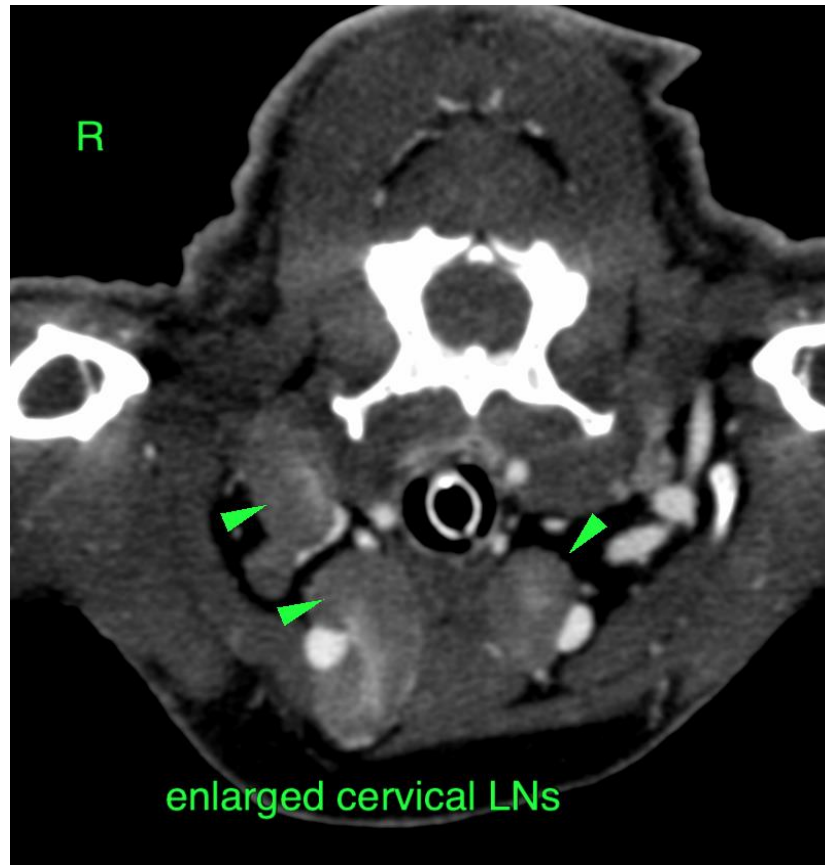
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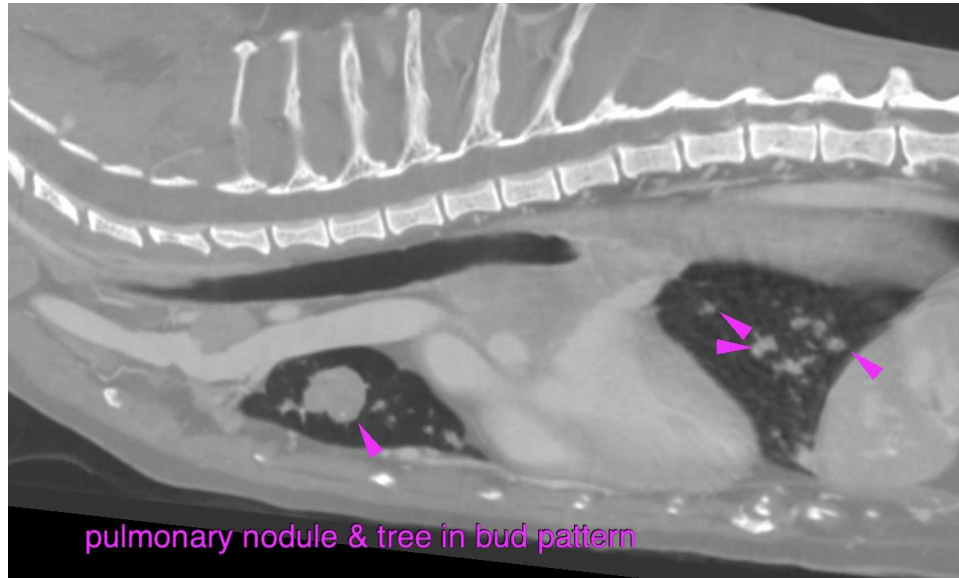
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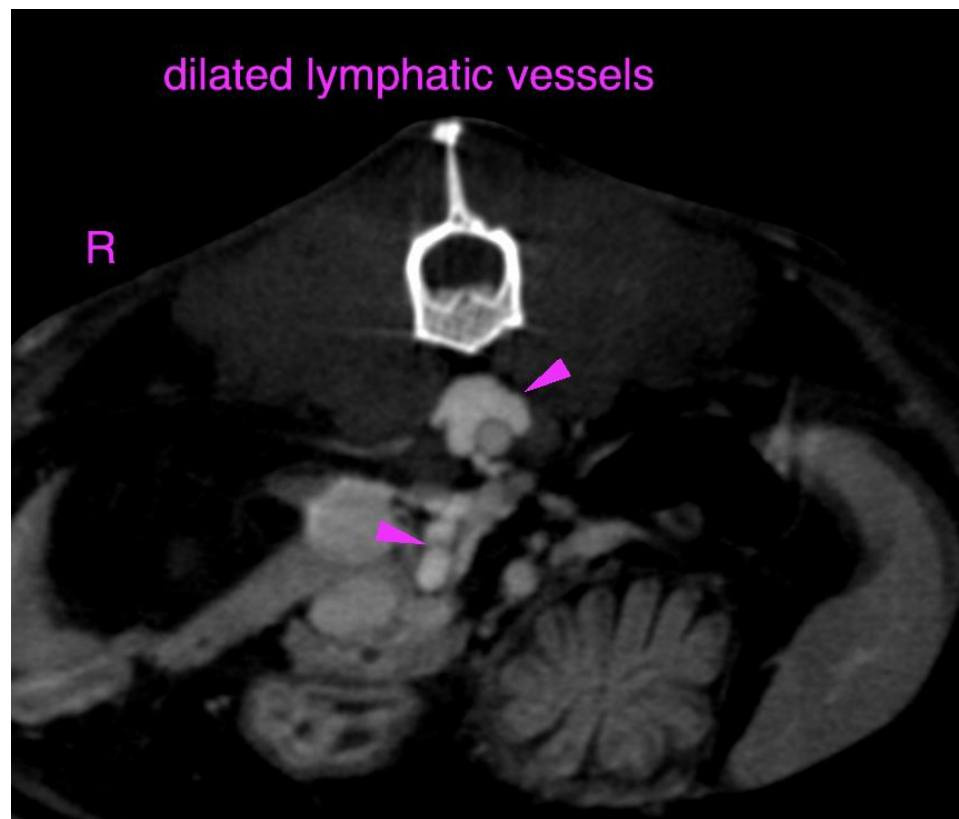
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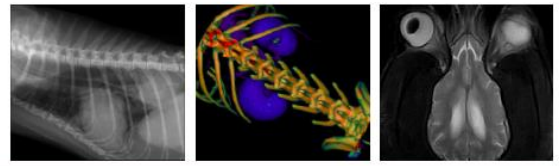
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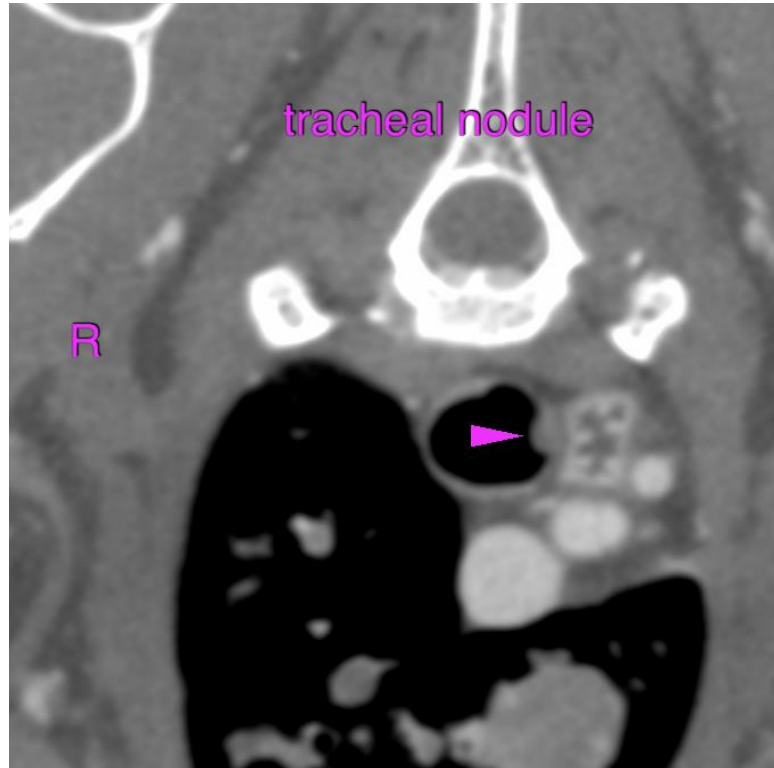
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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