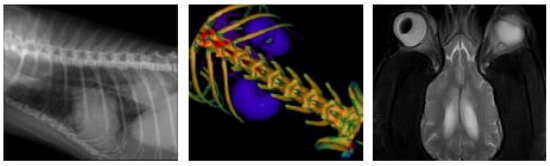

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rusty Brown

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Pacific Avenue VC

REFERRING VET

Dr. Sid Bruckert-Frisk

INVOICE

14450

DATE

3/23/22

PRESENTING CLINICAL SIGNS

History: Weight loss, constipation, nodules in chest
Abnormal PE/Chem/CBC/UA Results:

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

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.

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

Randomly distributed throughout the lung parenchyma, roundish, well-defined soft tissue opaque nodules are visible.

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

Abdomen

The surrounding bony structures are within normal limits.

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

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

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

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

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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 lower urinary tract.

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.

The descending colon is empty, and the wall appears moderately thickened, measuring up to 7 mm in width.

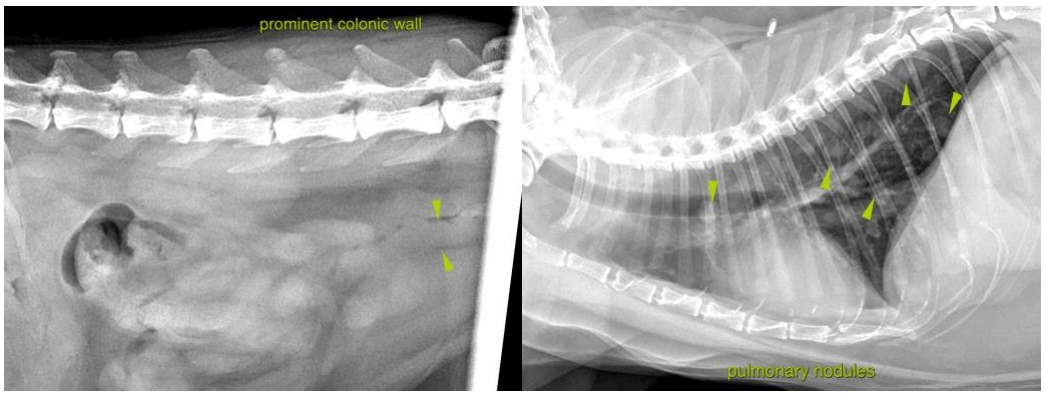
RADIOGRAPHIC DIAGNOSIS

- Structured nodular interstitial lung pattern
- Suspect segmental mural thickening of the descending colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary nodules are concerning for either primary pulmonary neoplasia (e.g., bronchogenic carcinoma) or pulmonary metastatic disease. Pulmonary granulomas (e.g., mycotic infection, Toxoplasma or parasitic granulomas) are a consideration, but this appears less likely.

The wall of the descending colon appears prominent which might be a sequela to folding of the empty colonic segment. Either follow up radiographs ± irrigation or positive contrast enema or abdominal ultrasound examination (preferred) can be used to check for intramural lesion of the descending colon and ruling out intraparenchymal lesions of the abdominal organs.



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

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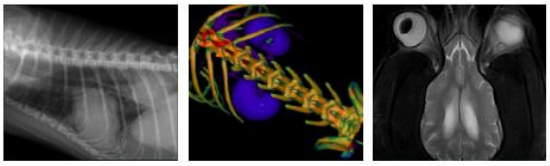

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I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com