

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Asuka Hempfling
SPECIES History: Patient presents for 3–4-month history of decreased appetite and lethargy. Over the past 1-2 months patient has developed a wet cough and increased RR effort. Radiographs showed significant alveolar pattern to the right lung and cranial left lung lobe. Patient's clinical signs have progressively worsened despite antibiotic, steroidal, antifungal as well as antiparasitic therapies. Aspirates were performed post study.

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

BREED A high resolution pre- and post-contrast CT study of the thorax and abdomen are provided for review.

DSH

COMPUTED TOMOGRAPHIC FINDINGS

SEX Thorax

Spayed Female
 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.

AGE

12 Years
 The cardiovascular structures including the pulmonary vasculature are within normal limits.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

In the ventral aspect of the right caudal lung lobe, a soft tissue attenuating mass is visible, presenting mild central mineralization. Soft tissue material is protruding into the lumen of the first degree bronchus of the left caudal lung lobe, level with the mass. In the caudodorsal aspect of the right caudal lung lobe, a gas attenuating area, demarcated by a soft tissue attenuating capsule is visible. The remainder of the lung parenchyma, but major parts of the left caudal lung lobe and the dorsal aspect of the caudal part of the left cranial lung lobe, are irregular consolidated with air-bronchograms. Multiple small nodular lesions are seen in the aerated parts of the lung. The

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

Abdomen

REFERRING VET

Kevin Hempfling

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

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.

INVOICE

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

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

DATE

3/31/22



PATIENT The splenic volume is moderately increased. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

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

SPECIES The bony and surrounding soft tissue structures reveal no abnormalities.

Feline

COMPUTED TOMOGRAPHIC DIAGNOSIS

- BREED**
- Extensive regions of pulmonary (nodular) pulmonary consolidation and mass like lesion in the right caudal lung lobe with invasion of the bronchi
- DSH**
- Splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female The pulmonary changes with the mass like lesion in the right caudal lung lobe are consistent with diffuse neoplastic invasion of all lung lobes and bronchogenic carcinoma/bronchoalveolar carcinoma is the top differential. FNA sampling of the pulmonary mass & consolidated regions of the lung has already been performed to confirm the diagnosis. Due to the extent of the pulmonary changes, treatment options are limited to palliative management of the patient. The prognosis is considered poor/infaust.

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The splenomegaly can be accentuated by the general anesthesia with pooling of blood. Potentials include nodular hyperplasia, splenitis, diffuse neoplastic infiltration.

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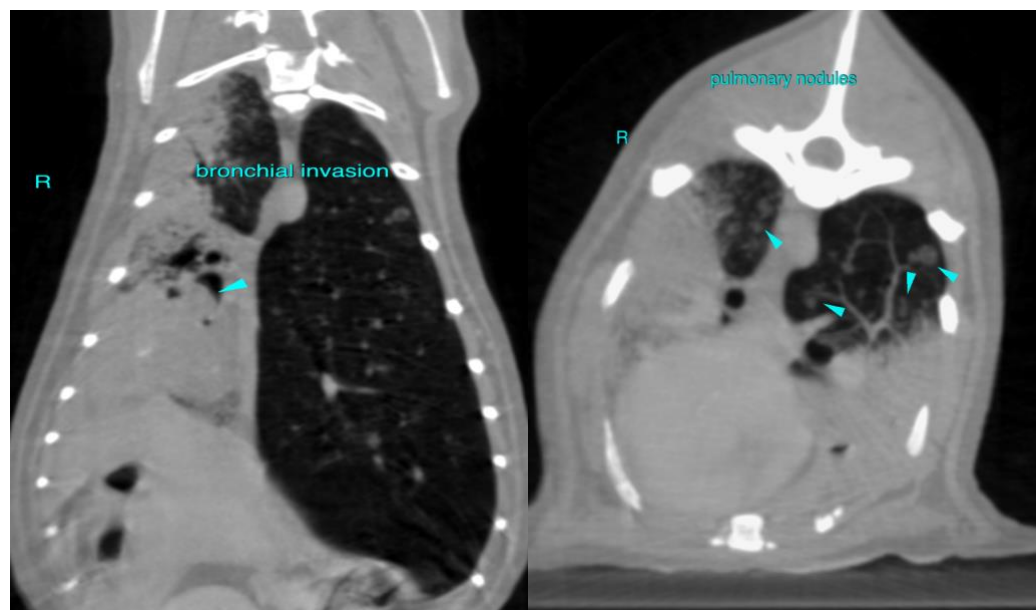
Kevin Hempfling

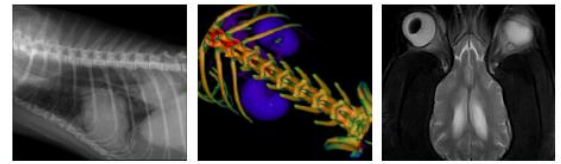
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PATIENT

Asuka Hempfling

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

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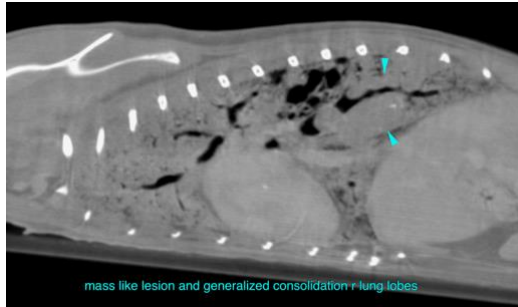
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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