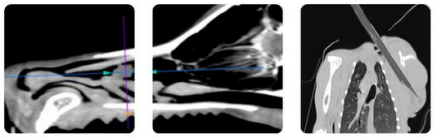

PATIENT

Butter Liang

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3Y

WEIGHT

5.1kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Dr. Short

INVOICE

74407

DATE

3-31-26

PRESENTING CLINICAL SIGNS

- mass effect in lung

Abnormal PE/Chem/CBC/UA Results: elevated globulins (8.7)

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

In the pleural cavity a moderate amount of free gas is seen, R>L.

The right caudal lung lobe is mildly enlarged and presents consolidation of the lung parenchyma along with multifocal gas attenuating areas. The right middle lung lobe and right cranial lung lobe present a moderate decreased volume and moderate ground glass attenuation pattern. The left lung presents a generalized decreased volume, and the ventral dependent aspects have a ground glass attenuation pattern. At the craniomedial aspect of the right cranial lung lobe, a peripherally accentuated and central mild hypoattenuating mass like lesion is seen; measuring 15 mm in diameter.

The parietal pleura in the caudodorsal aspects appears irregular.

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

Abdomen

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.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

The gastric lymph node is significantly enlarged, rounded and mild irregular contrast enhancing.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Consolidated right caudal lung lobe with multiple zones of cavitation
- Mass like lesion craniomedial aspect right cranial lung lobe versus enlarged sternal lymph node
- Pneumothorax – secondary to the pulmonary changes

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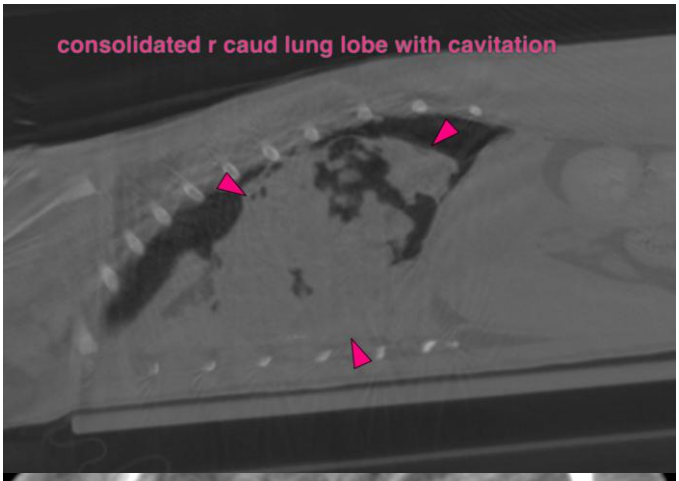
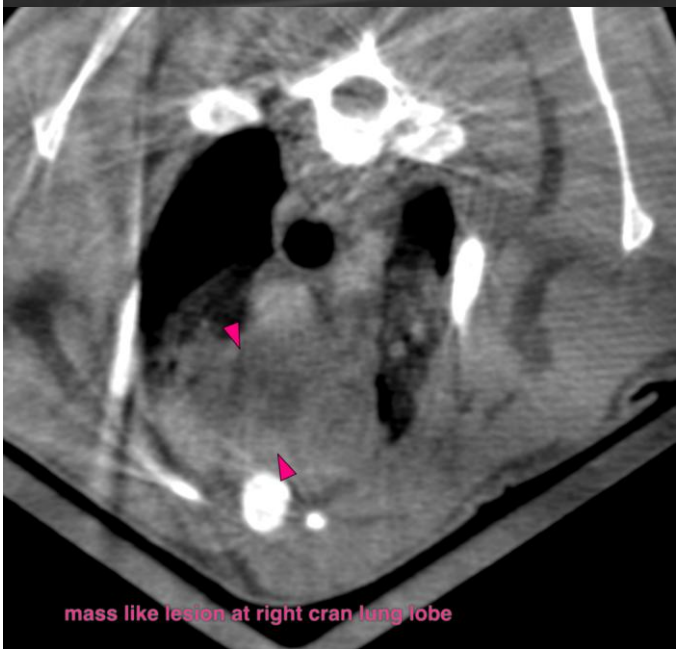
- Ventrally accentuated zones with an unstructured interstitial pattern
- Irregular pleural lining
- Lymphadenopathy gastric lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the right caudal lung lobe are suggestive for necrotizing pneumonia along with abscess formation and secondary pleuritis, pneumonia in the remaining lung lobes and possible abscess/granuloma formation in the right cranial lung lobe. A differential is primary underlying granulomatous pneumonia (e.g. mycotic, Mycobacterium) or soft tissue neoplasia with necrosis. The enlarged gastric lymph node can present reactive hyperplasia/granuloma versus neoplastic transformation. Overall, I consider the odds for inflammatory origin higher here. Due to the spontaneous pneumothorax and supposed inflammatory changes, exploratory thoracotomy and lobectomy of the right caudal lung lobe ± right cranial lung lobe is considered beneficial.





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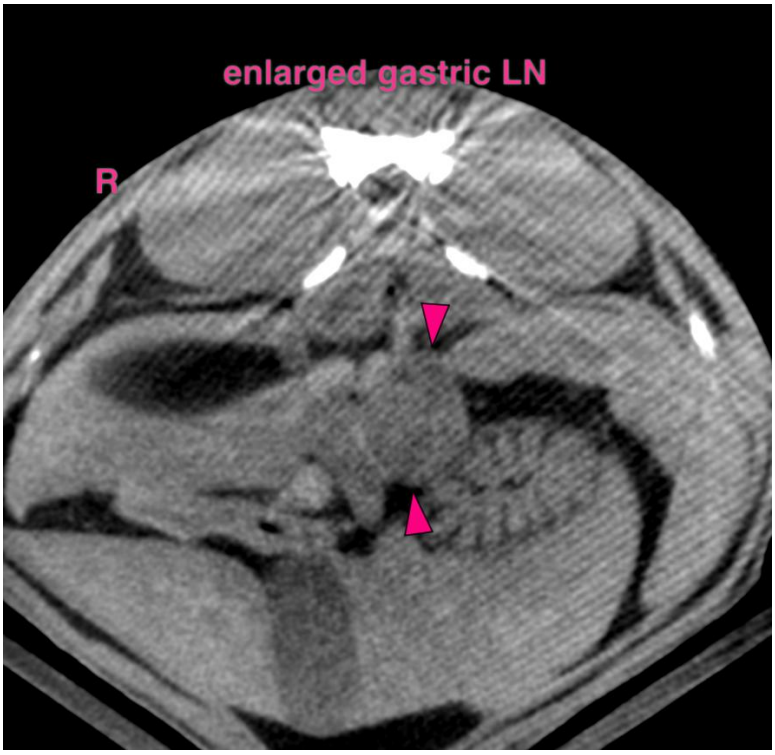

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com