

**PATIENT PRESENTING CLINICAL SIGNS**

Hemi Lovell Coughing duration (CHRONIC coughing (>30 days) and episodes of dyspnea.

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

Feline **COMPUTED TOMOGRAPHIC FINDINGS**

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

**BREED** The right tracheobronchial lymph node is prominent.

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

**SEX** In the caudodorsal aspect of the right caudal lung lobe, a well-defined soft tissue attenuating mass with mild central amorphous mineralization is appreciated, measuring 2.2 x 1.4 x 3.7 cm in size. Convex bulging of the medial surface of the right caudal lung lobe level with the mass is appreciated. The bronchi at the same level are compressed.

FS The ventral aspects of the left cranial lung lobe presents regions with moderate ground glass attenuation and a mild decreased volume.

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

12 Years, 10 Months

**COMPUTED TOMOGRAPHIC DIAGNOSIS****INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

- Solitary pulmonary mass right caudal lung lobe with mild dystrophic mineralization
- Lymphadenopathy right tracheobronchial lymph node
- Mild atelectasis left cranial lung lobe

**HOSPITAL NAME**

Mobile Pet Imaging  
CFL

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pulmonary mass is highly concerning for primary pulmonary neoplasia with carcinoma being the top diagnosis. A differential for the mass is region of (pyogranulomatous) pneumonia, but this is considered less likely here. Ultrasound guided FNA sampling of the mass can be performed as advanced diagnostic test. Complete surgical excision of the mass by lobectomy is considered feasible.

**REFERRING VET**

Borecky

The odds for metastatic spread to the right tracheobronchial lymph node versus reactive hyperplasia are considered equal.

The ground glass attenuation pattern of the left lung lobes is considered as a sequela to dystelectasis, I do not see evidence of pulmonary metastatic disease.

**INVOICE**

52844

**DATE**

7-13-22



**PATIENT**

Hemi Lovell

**SPECIES**

Feline

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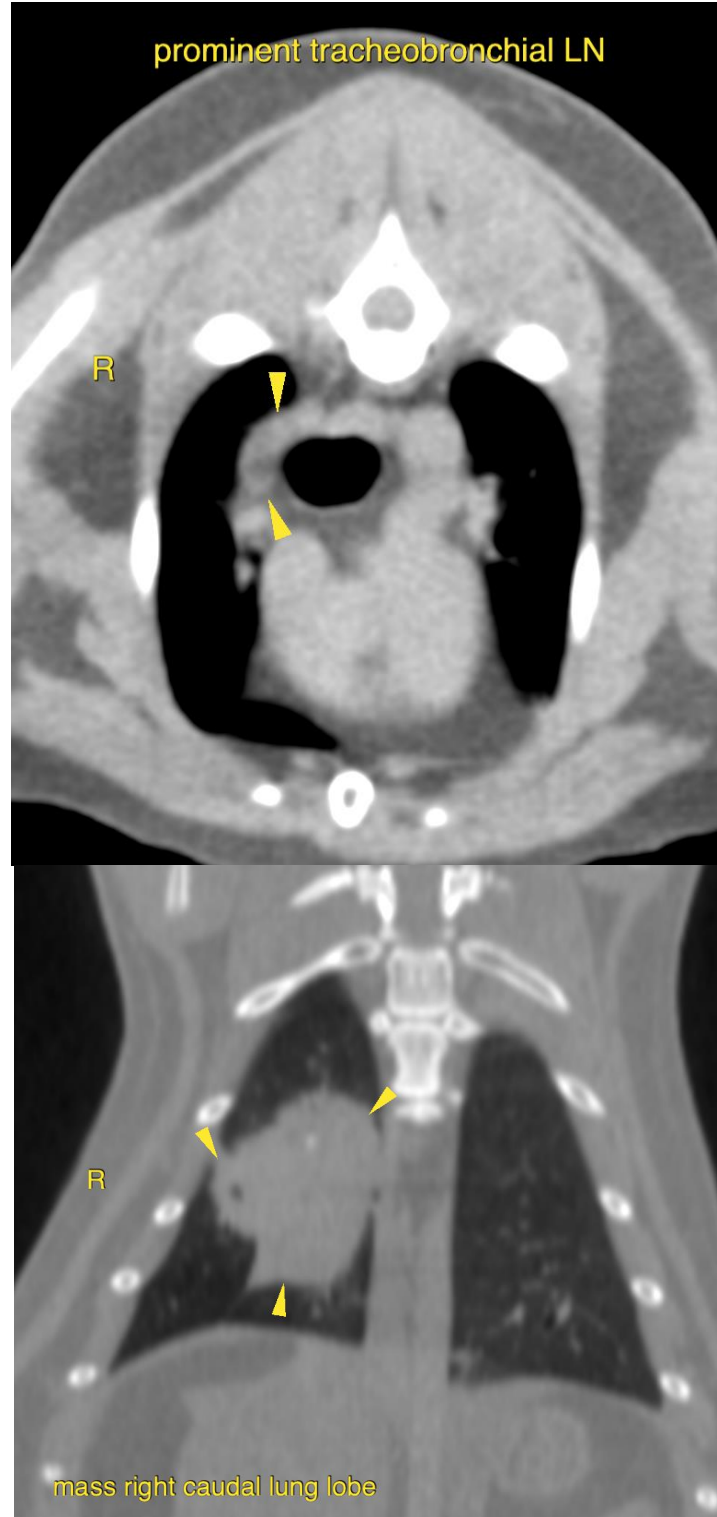
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**PATIENT**

Hemi Lovell     **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.**

**SPECIES**

Feline

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  
sebast.schaub@gmail.com

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