



PATIENT PRESENTING CLINICAL SIGNS

Eggroll Graves Patient has a pulmonary mass. Client would like to have metastasis check to determine if patient is a surgical candidate for pulmonary lobectomy.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BW done 05/12/2022: Patient does have mildly increased SDMA (15), lipase (53), and pro-BNP (475). Abdominal ultrasound performed 08/09/2022: dilation of the right kidney, diffusely hyperechoic liver, possible chronic pancreatitis Echocardiogram performed 08/09/2022: mild hypertrophy of LV, mild LA dilation consistent with mild hypertrophic cardiomyopathy Chest radiographs performed 08/09/2022: mild valentine shaped heart on VD view, cavitated nodule left lung lobe.

BREED

DSH

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

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COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

AGE

16 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

In the cranial aspect of the left caudal lung lobe, level with the 6th left intercostal space, a mild irregular roundish, soft tissue attenuating lesion with a gas attenuating small center is visible, measuring 14 mm in diameter. In the cranial part of the left cranial lung lobe, an ill-defined consolidated region is visible and segmental mild to moderate thickening of the bronchial wall of the first degree bronchus at the same level is seen, as well as mild saccular widening of the respective bronchus at the same level.

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The ventral aspects of the right middle and cranial lung lobe present regions with ground glass attenuation of the lung parenchyma.

In the most caudodorsal aspect of the right caudal lung lobe, a soft tissue nodule, measuring 1.6 mm in size is appreciated. The right caudal lung lobe presents with two punctuate mineralization of the lung parenchyma.

REFERRING VET

Borecky

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.

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Both kidneys present mild irregular margins and the volume of the left kidney is mild to moderately decreased. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

DATE

8-30-22

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.



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

Eggroll Graves 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**
- Thick walled cavitory pulmonary lesion left caudal lung lobe
 - Regions of unstructured interstitial pattern left cranial lung lobe with accompanying segmental thickening of the bronchial wall
- DSH
- Solitary pulmonary nodular lesion right caudal lung lobe
 - Chronic nephropathy

SEX **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

MN The thick walled cavity lung lesion is suggestive for primary pulmonary neoplasia with bronchogenic carcinoma being most likely; a potential is pulmonary abscess, but the odds are considered lower.

AGE The dignity of the zones of interstitial pattern and the nodular lesion of the right caudal lung lobe is equivocal for inflammatory changes with pneumonia or metastatic disease if neoplastic disease is confirmed by FNA sampling of the cavitory mass ± transtracheal wash/BAL.

16 Years

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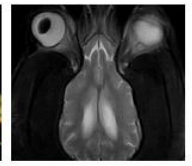
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PATIENT

Eggroll Graves

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thick walled cavitary pulmonary lesion

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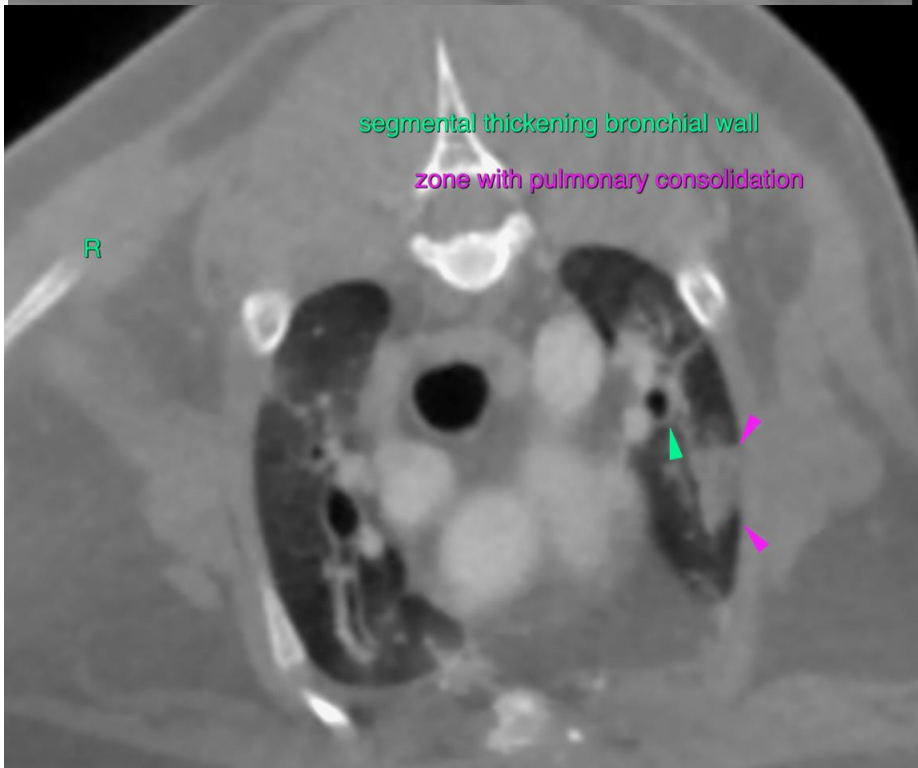
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segmental thickening bronchial wall

zone with pulmonary consolidation

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PATIENT

Eggroll Graves

SPECIES

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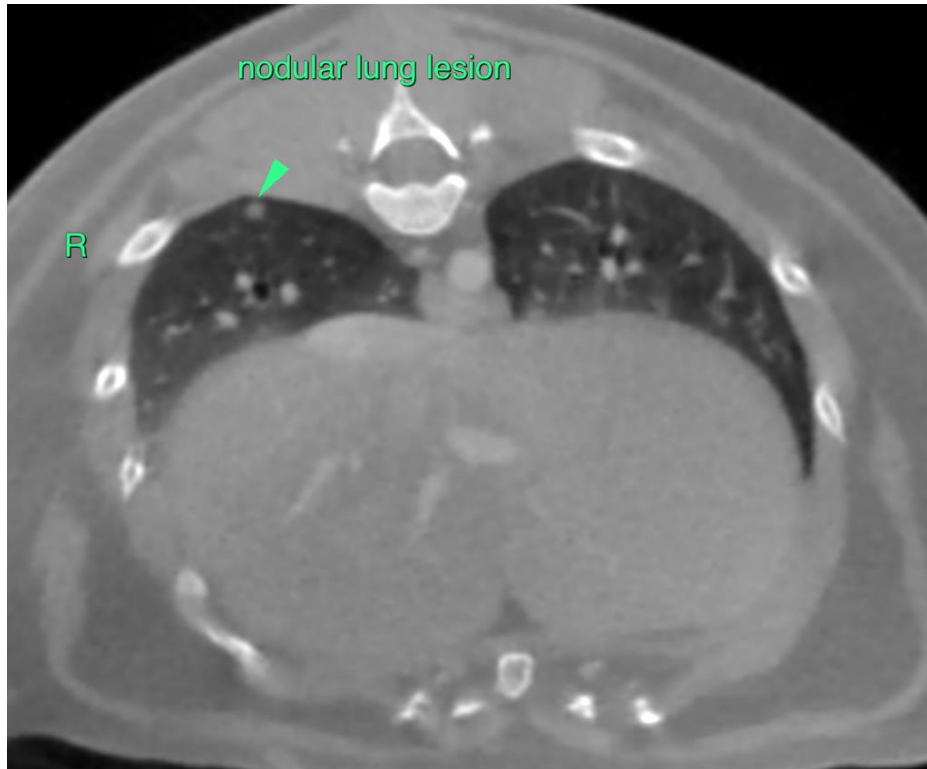
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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