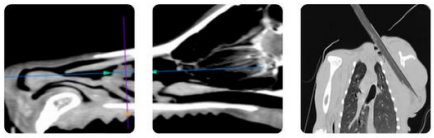


PATIENT

Anthony #31521WA-CT Whitehouse Lone Tree Animal Care

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1Y, 10M

WEIGHT

8.9lbs

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Pete Bashara,DVM

HOSPITAL NAME

Gentle Doctor Animal Hospital

REFERRING VET

Pete Bashara,DVM

INVOICE

72754

DATE

11-25-25

PRESENTING CLINICAL SIGNS

Fluid in thorax for 3+ weeks Noted decrease in food intake No coughing Lethargy Imaging with suspect mass vs lung torsion Imaging today post tap to understand next steps
Abnormal PE/Chem/CBC/UA Results: Other than light condition and respiratory changes with fluid accumulation - all else stable Labs look good as well from RDVM

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of whole-body are provided for review totaling 2 series. One pre-contrast series of the whole-body, bone algorithm. One post-contrast series of the whole-body, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A large, multilobulated, heterogeneously contrast-enhancing soft tissue mass occupies the cranial mediastinum. The lesion is closely associated with the major thoracic vessels and appears to involve the severely enlarged mediastinal lymph nodes. It causes dorsal displacement of the trachea and caudal displacement of the heart. Approximate dimensions are 4.5 × 3.5 × 3.1 cm (exact measurement limited by irregular margins).

There is moderate pleural effusion adjacent to mediastinal mass.

The sternal lymph nodes are rounded and enlarged, measuring approximately 1.5 cm and 2.6 cm in length.

At least three additional nodular structures (approximately 0.9 cm, 1.0 cm, 0.6 cm) are present in the more caudal region, compatible with pleural thickening or atypical/enlarged mediastinal lymph nodes.

The pulmonary lobes are displaced. There are peripheral pulmonary consolidation areas, predominantly affecting the cranial lobes and the right middle lung lobe, with appropriate contrast enhancement and tapered margins. However, the caudal subsegment of the left cranial lung lobe is rounded, enlarged relative to the remaining (atelectasis) lobes, and there is apparent interruption of the lobar bronchus supplying this subsegment. No vesicular (bullous) pattern is identified.

The remaining aerated lung parenchyma—particularly the caudal lobes—shows normal attenuation.

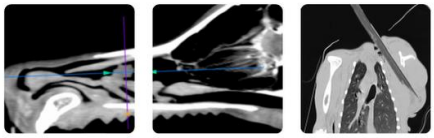
The cardiac silhouette, visible pulmonary vessels, diaphragm, and thoracic wall are within normal limits.

The thoracic esophagus is moderately distended with gas, likely related to anesthesia.

In the collimated abdominal field, there are multiple rounded and enlarged para-aortic and mesenteric (jejunal and splenic) lymph nodes.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cranial mediastinal soft tissue mass, heterogeneous contrast-enhancing, associated with severe mediastinal lymphadenopathy, concurrent moderate pleural effusion. Differential diagnosis includes neoplasia, such as lymphoma (most likely given patient's age).
- Multiple additional nodular structures (0.9–1.0–0.6 cm): pleural nodules vs. additional atypical mediastinal lymph nodes.



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- Pulmonary consolidation with enlarged and rounded lung lobe shape, and abnormal configuration of the caudal subsegment of the left cranial lobe with apparent bronchial interruption. Primary differential diagnosis lung lobe torsion.
- Enlarged para-aortic and mesenteric (jejunal/splenic) lymph nodes—suggestive of systemic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates a large cranial mediastinal mass with associated mediastinal lymphadenomegaly. The primary differential diagnoses include mediastinal neoplasia such as lymphoma, thymoma, or ectopic thyroid/parathyroid neoplasia. Lymphoma is considered most likely due to the patient's young age.

As an additional complicating factor, aside from the passive atelectasis affecting the cranial lung lobes, the caudal subsegment of the left cranial lung lobe is rounded and enlarged, with possible interruption of the segmental bronchus supplying this region. The primary differential diagnosis for this appearance is lung lobe torsion. Other less likely differential diagnosis pulmonary granuloma, or abscess. Lung lobe torsion is rare in cats; however, the reported cases are typically secondary to underlying thoracic pathology, and when present, it carries a high risk of complications and poor outcomes.

As a next step, thoracic ultrasound-guided fine-needle aspiration (FNA) of the mediastinal mass is recommended, along with confirmation of suspected lung lobe torsion.

A more invasive diagnostic approach—such as thoracoscopy or thoracotomy—may be required to directly assess the affected lung lobe, also as therapeutic management.

Given that lymphoma is a leading differential, FeLV testing is recommended if not already performed.

References: Tindale C, Cinti F, Cantatore M, Freeman A, Cavaliere L, Vallefuoco R, Rossanese M. Clinical characteristics and long-term outcome of lung lobe torsions in cats: a review of 10 cases (2000-2021). J Feline Med Surg. 2022 Oct;24(10):1072-1080. doi: 10.1177/1098612X211054816. Epub 2021 Nov 1. PMID: 34719995; PMCID: PMC10812318.

Belmudes A, Gory G, Cauvin E, Combes A, Gallois-Bride H, Couturier L, Rault DN. Lung lobe torsion in 15 dogs: Peripheral band sign on ultrasound. Vet Radiol Ultrasound. 2021 Jan;62(1):116-125. doi: 10.1111/vru.12918. Epub 2020 Oct 31. PMID: 33128837.

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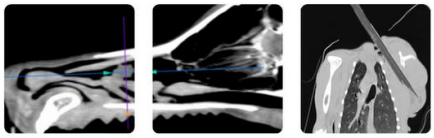

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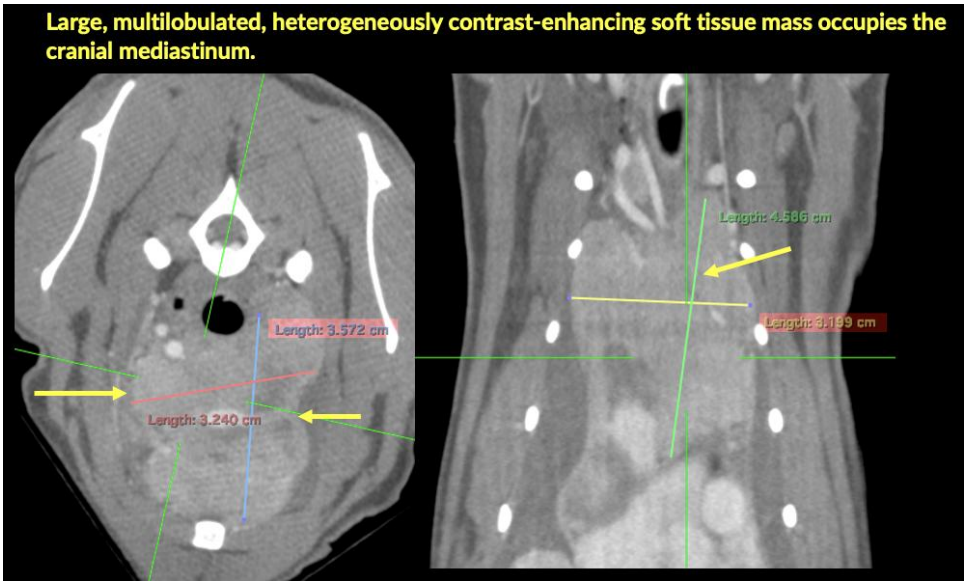

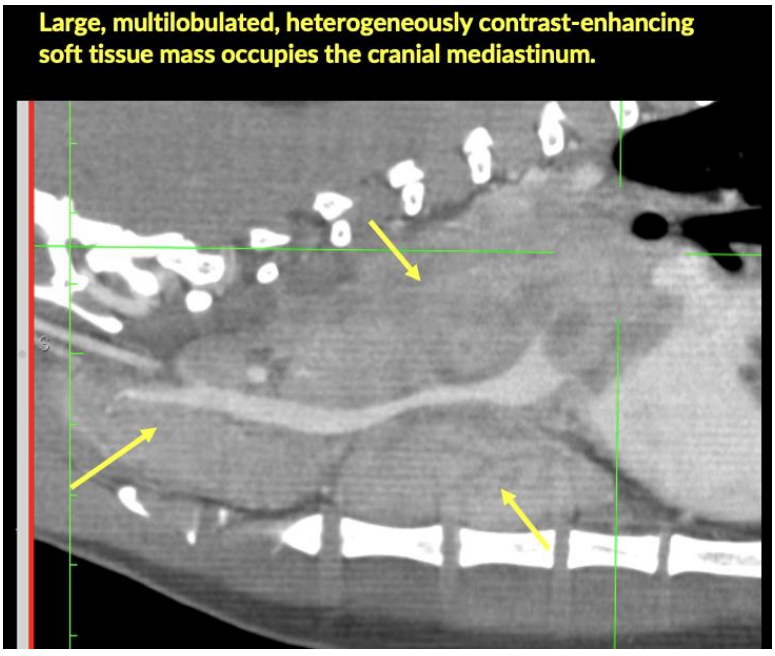

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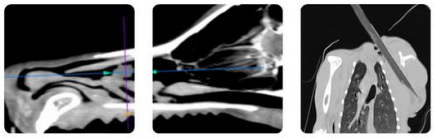

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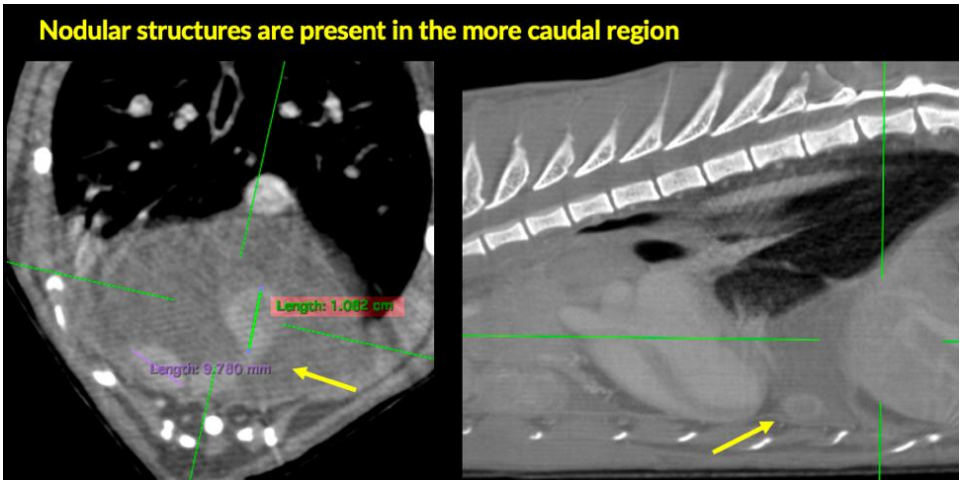

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com