



## PATIENT

Bandit Reynolds

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

9Y, 7M

## WEIGHT

23lbs

## INTERPRETED BY

Dr. Leticia Utsch MV

## IMAGING PERFORMED BY

Camille Sieger

## HOSPITAL NAME

Harvest Hills  
Veterinary Hospital

## REFERRING VET

Camille Sieger

## INVOICE

75327

## DATE

6-8-26

## PRESENTING CLINICAL SIGNS

Presented for an acute onset of sneezing, wheezing, lethargy, and vomiting. The clinical signs began around midnight last night. The owner witnessed a severe choking episode last night as well. Febrile at presentation

Bandit vomited food on two occasions before 7 a.m. this morning but has not vomited since. He did eat his 5 a.m. meal from his automatic feeder. The owner notes that he has been behaving unusually, such as sleeping in a different room, and seems to have low energy. His ears felt warm to the owner this morning. The owner also recalls feeling a swollen area under his chin yesterday.

There is no known history of asthma or other respiratory conditions. He is reportedly current on vaccinations, which were administered at another clinic in February 2026. Lab work performed at that time was within normal limits.

Bandit is an indoor cat but has supervised outdoor access on a leash. The owner feeds wild birds, and there has been an increased presence of pigeons in the yard for the last few days.

Abnormal PE/Chem/CBC/UA Results: PE: temp 104.3, Soft tissue swelling, mostly ventral midline jaw and laterally around larynx, no obvious dyspnea, stertor noted-- seemed to improve with cerenia and diphenhydramine injections, possible slightly enlarged submandibular lymph nodes noted after injections (no other palpable peripheral lymph nodes CBC - mild neutrophilia, chem nsf Miravista and FUO panel pending

## RADIOGRAPHIC STUDY OF THE SKULL AND THORAX

Radiographs of the skull in two imaging planes and the thorax in three are provided for review.

## RADIOGRAPHIC FINDINGS

### Skull

The soft palate is severely enlarged and elongated.

The larynx is caudally displaced.

There is soft tissue swelling of the submandibular region.

The cervical esophagus is mildly dilated with gas.

Bone structures appear normal.

Nasal cavity and frontal sinuses are normally transparent.

### Thorax

The thoracic esophagus is mildly dilated with gas.

The lungs are normally insufflated and transparent.

The heart and pulmonary vasculature appear normal.

The trachea and principal bronchi have a normal diameter.

The mediastinum and pleural space also appear normal.

Moderate joint disease of the shoulders.



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## RADIOGRAPHIC DIAGNOSIS

- Soft palate changes are consistent with inflammation (palatitis, edema of the glottis);
- Mild esophageal dilation suggests secondary partial obstruction;
- Submandibular soft tissue swelling. Likely enlarged mandibular lymph nodes. Subcutaneous edema should also be considered;
- Thorax appears normal.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Changes seen in skull radiographs are most consistent with palatitis and/or laryngeal/glottic edema. This condition may be related to feline gingivitis/ stomatitis complex (Diehl & Rosychuck, 1993). The associated submandibular soft tissue swelling is most likely related to regional lymphadenopathy or surrounding secondary soft tissue edema.

Mild esophageal dilation likely reflects partial pharyngeal obstruction. Given the acute onset of clinical signs, fever, neutrophilia, and reported choking episode, infectious or inflammatory disease is considered most likely. Differential diagnoses may include foreign material and neoplastic disease (lymphoma). Correlation with the pending infectious disease testing is recommended. Pharyngolaryngoscopy and fine-needle aspiration is advisable.

Further literature recommended:

M. Kurihara, S. Yoshida, and M. Suematsu, "Diagnostic Imaging Features of Inflammatory Laryngeal Disease in Cats." *Veterinary Radiology & Ultrasound* 66, no. 2 (2025): e70014.

<https://doi.org/10.1111/vru.70014>

Bae H, Lee D, Yu D. A Rare Case of Acute Obstructive Laryngitis in a Cat with Severe Respiratory Distress. *J Vet Clin* 2023; 40:124-129. <https://doi.org/10.17555/jvc.2023.40.2.124>





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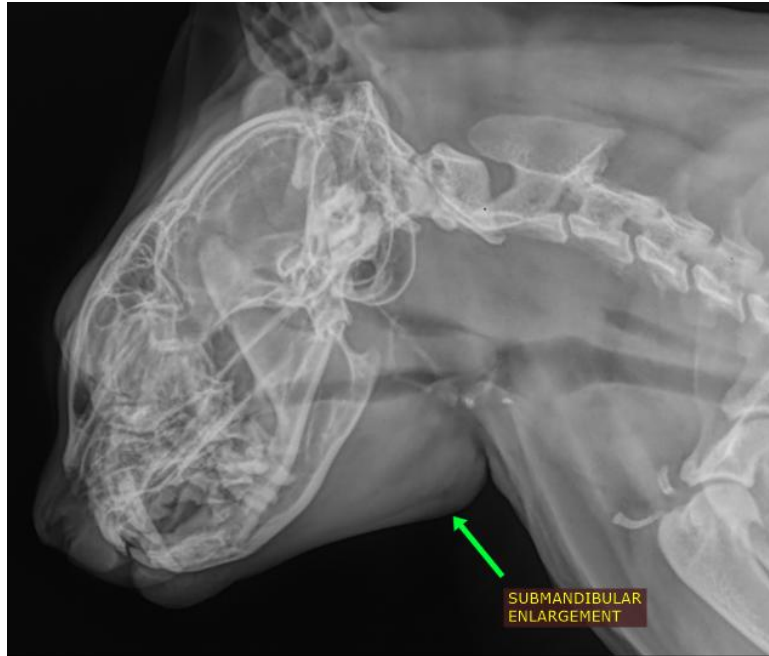
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Dr. Leticia Utsch MV**

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