



## PATIENT

Walter Campbell

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Male Neutered

## AGE

4Y, 1M, 7D

## WEIGHT

9.40lbs

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

## HOSPITAL NAME

Catskill Veterinary  
Services, PLLC

## REFERRING VET

Joseph D'Abbraccio, DVM

## INVOICE

73189

## DATE

1-6-26

## PRESENTING CLINICAL SIGNS

11/12/2025: Reason for Visit: Atypical behavior, fever, respiratory distress, pleural effusion Walter presents today with the following concerns: Owner reported that since Friday, the patient has not been acting like himself at home. He has been lethargic, not grooming himself, and his attitude appears dull. The owner also mentioned finding vomit in the house. The patient has been eating and drinking less than normal, and the owner is unsure if he has been urinating or defecating. 11/18/2025: CT of chest & abdomen was done. Report attached for comparison. Walter presents today for CT of Chest. Any Concerns: No Any Abnormal Behavior?: No Any medications and/or supplements: Gabapentin for today, Veraflox, Clindamycin What time were medications given?: All last night, Gaba this morning Last Meal?: last night Appetite: normal

Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Missing right forelimb, otherwise no abnormalities in coat or posture described; Fear/Anxiety/Stress Score: 4/5 - Fearful, required mild sedation.; Nose/Throat: Increased respiratory effort Mildly increased bronchovesicular sounds ventrally; Respiratory: Increased respiratory effort, mildly increased bronchovesicular sounds ventrally.; Musculoskeletal: History of traumatic right front limb amputation.; CBC: Lymphocytes 11.96; Platelets 43; Plateletcrit 0.07; Chem: Potassium 3.1; ALP <10; GGT 24;

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Findings compared with prior report dated 11-18-25.

## COMPUTED TOMOGRAPHIC FINDINGS

Mild interstitial bands are noted within the right cranial, middle, and caudal lung lobes. The remaining pulmonary parenchyma appears normal.

The pleural space is normal with no effusion identified.

The right thoracic limb is absent post-amputation.

A small subcutaneous nodule is seen in the right cranial lateral thoracic wall.

Thymic tissue appears to be mildly enlarged or activated without mass effect.

The thoracic lymph nodes present within normal limits.

The heart size and morphology are normal. Pulmonary vessels are normal.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild interstitial bands in the right lung.
- Small right cranial lateral thoracic wall nodule.
- History of amputation right thoracic limb.
- Mildly prominent thymus.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Overall, no pulmonary masses or significant thoracic pathology is identified. The mild interstitial bands in the right lung may represent subclinical inflammation or early fibrosis. Otherwise, the lungs appear normal.

The small subcutaneous nodule in the right thoracic wall is likely benign or reactive. FNA can be performed for further definition.



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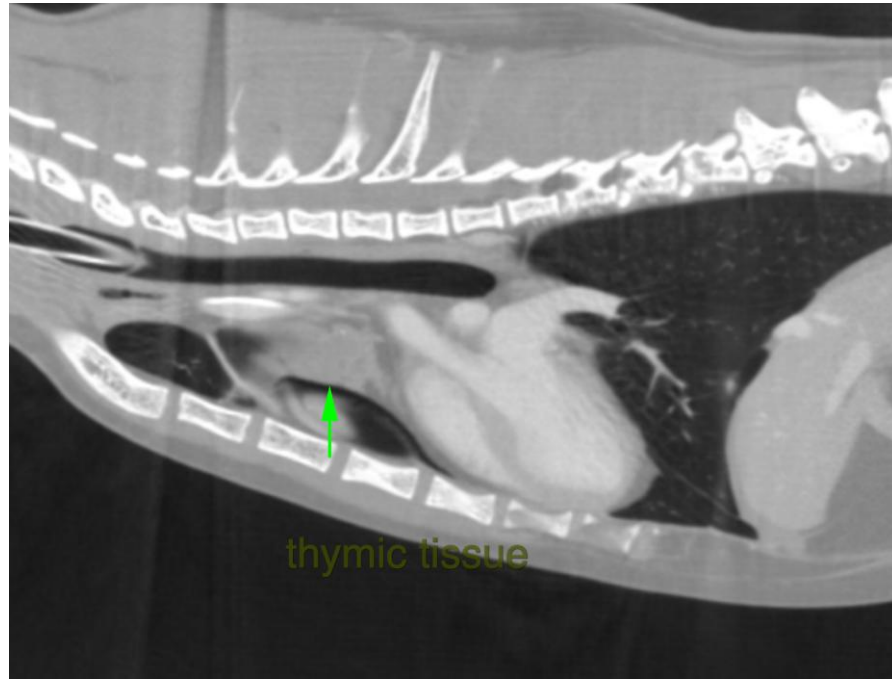
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Routine follow up imaging is only recommended if clinical signs develop or persist.



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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI  
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