



PATIENT

Molly Hudakova

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

13

WEIGHT

3.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Olivia Jarvis

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Amber Mahon

INVOICE

72872

DATE

12-4-25

PRESENTING CLINICAL SIGNS

Eating and drinking, some days will not eat Sometimes when she doesn't eat she vomits foam/white Stools: at the moment fine. In the past with blood, and little white grains and soft. Actually well formed. Had panacur. Sometimes fortiflora. Goes just to the garden. One rescue cat at home. No issues with him. Urination normal. She had blood in the urine in the past. She got a special diet. Actual diet: urinary care diet mixed with normal food (as v fuzzy) O also concerned that sometimes wheezes and breaths fast and shallow, sometimes coughs (non productive / dry / no hairballs). In the past sneezing episodes. No recently. Maybe loosing weight. Was fat (7kg), over the last two years loosing weight. Couldn't check weight today but seems around 4 to 4.5 Kg. Previous vet sent gabapentin 100mg for crying at night, still crying Spayed On April started like episodes of paralysis or slow motion moments, as the nerves got trapped, tries to stand up and cant, around 5 minutes. No tonic clonic mv, no loose the conscious. So vet prescribed prednisolone, maybe improved ? O not sure. Episodes were everyday last week, then maybe just once per week. Happens any time. Since last visit OR increase episodes of neuro signs. O showed video- ataxic/hypermetra HL only then into paddling and slow movements. P seems unconscious Barking cough increasing since last visit. After cough episodes shallow, rapid breathing

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Multiple mild thoracic spondyloses are seen.

The mediastinum appears unremarkable with no evidence of mass effect of lymphadenopathy.

Mild left atrial enlargement appears to be present.

There is a moderate multifocal alveolar pulmonary pattern most prominent in the right lung and within peribronchial regions. The affected areas show soft tissue attenuation with partial or complete effacement of vascular markings consistent with alveolar infiltrates.

A generalized bronchial lung pattern is present characterized by diffuse bronchial wall thickening and mild bronchial dilation. No overt discrete pulmonary nodules or masses are identified.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal alveolar pulmonary pattern.
- Mild signs of generalized lower airway disease.
- Suspect left atrial enlargement.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with inflammatory/infectious lower airway disease such as bronchopneumonia or chronic bronchitis with acute on chronic inflammation or infection. Cardiogenic or noncardiogenic pulmonary edema and neoplasia cannot be excluded completely but are considered unlikely based on the morphology and distribution of the changes. Consider airway endoscopy with sampling for further definition.



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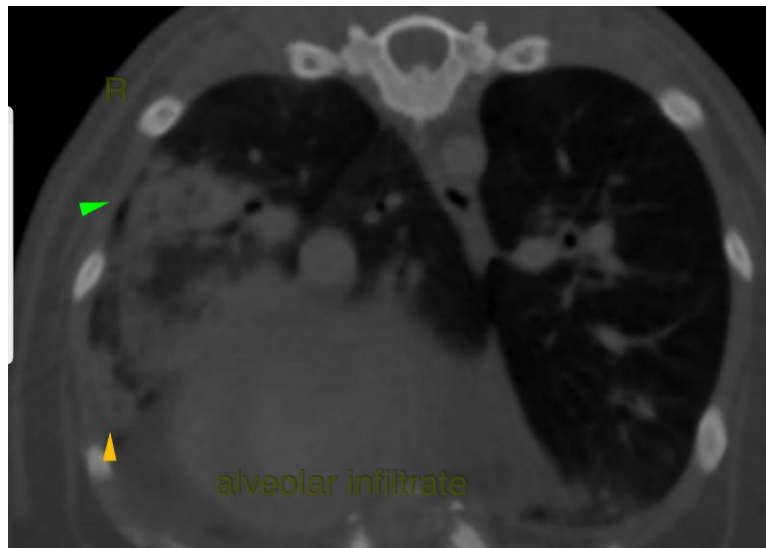
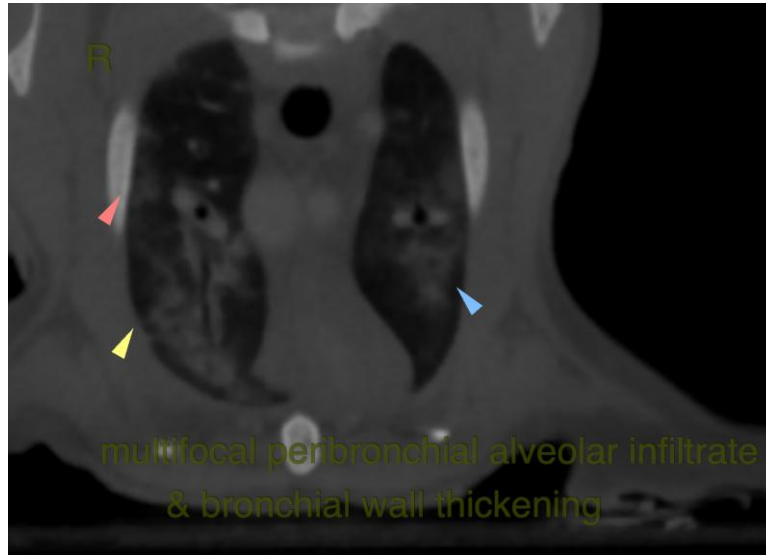
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A cardiac echo could be considered to rule out clinically relevant cardiomyopathy.



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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