



## PATIENT

Emmy Akin

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

9Y, 5M

## WEIGHT

15.64

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Emily Akin

## HOSPITAL NAME

Boise Cat Clinic

## REFERRING VET

Dr. Layna Irwin

## INVOICE

74319

## DATE

3-24-26

## PRESENTING CLINICAL SIGNS

- Presented for coughing. In the last 3 days has had 2 severe coughing episodes lasting for several minutes; very hoarse and rattly. Albuterol was needed for both episodes (only ever needed it a few times in her life).
- Hx of asthma (dx in 2019). Coughing historically managed well with fluticasone 220mcg (1 puff SID-BID)
- P has been obese for most of her life. Historically has been very difficult to get P to lose weight, even on special diets and when closely watching kcals.
- 1 other cat in home recently started coughing, too. Remaining 3 cats have had no known coughing episodes.
- Has previously tested negative for HW Ab/Ag and lungworm

Abnormal PE/Chem/CBC/UA Results: Labs from 12/11/25: creat 1.9, USG 1.018, hypokalemia 3.5 (new), NOSF. On previous PEs: increased lung sounds

## RADIOGRAPHS OF THE THORAX

Right/left lateral and ventrodorsal views provided for review.

## RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits. The extra-thoracic soft tissues present severe obesity with marked fat storage in the subcutaneous and interfacial planes. The cardiac silhouette is normal without evidence of chamber enlargement.

The lung density presents a marked broncho-interstitial pattern with multiple thickened bronchial walls and bronchial infiltrates. There is no evidence of relevant focal/nodular lesions. The d/v view shows hyperinflation of both sides. The trachea is unremarkable in diameter and course.

The mediastinum presents expected soft tissue density. There is no evidence of tracheobronchial, cranial mediastinal or sternal lymphadenopathy. No mediastinal shift is seen. The esophagus is not visible and considered to be normal. The diaphragm is unremarkable, no signs of pleural effusion.

## RADIOGRAPHIC DIAGNOSIS

- Marked broncho-interstitial lung pattern
- Severe obesity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Radiographic findings are prominent and do match with the clinical presentation. The increased interstitial lung density and bronchial wall thickening speak for an active as well chronic inflammatory process such as bronchitis/mild (eosinophilic) bronchopneumonia as seen with (secondary) infectious disease or allergic issues/feline asthma.

Next diagnostic steps could be endoscopy with BAL for cytology and microbiological testing.



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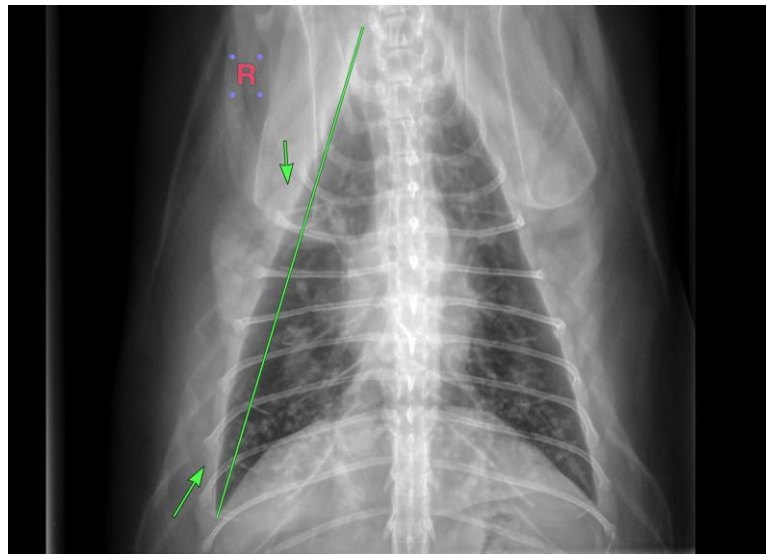
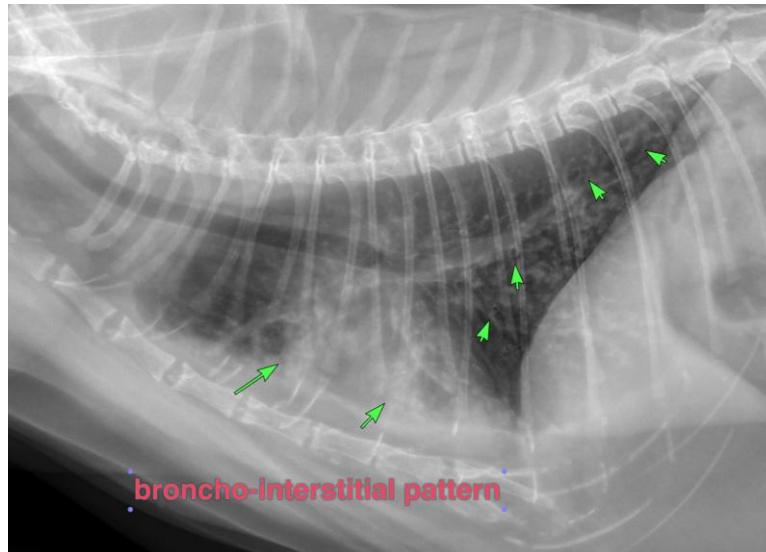
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging  
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