



PATIENT

Monkee Unkert

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2Y

WEIGHT

10

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Kristin Potenzzone
DVM

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Kristin Potenzzone
DVM

INVOICE

73534

DATE

1-29-26

PRESENTING CLINICAL SIGNS

History:

- hiding not acting herself
- eating and drinking normal
- no vomiting/no diarrhea

Abnormal PE/Chem/CBC/UA Results: • fever of unknown origin no resp effort - no open mouth breathing no heart murmur cbc (platelet clumping - slide eval pending) chem - alt <10, glob 6

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in two orthogonal image planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The subcutaneous tissue along the dorsal aspect of the thoracic spine is swollen and presents multiple interspersed small gas bubbles – considered as a sequela to preceding subcutaneous infusion.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial walls are mildly prominent.

Multifocal throughout the lung parenchyma, partially mild ill-defined, soft tissue opaque nodules are appreciated, measuring up to 8 mm in diameter.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Structured nodular lung pattern – caused by multiple ill-defined soft tissue nodules
- Mild bronchial pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular lung pattern in this young patient is highly suggestive for granulomatous pneumonia – but without signs of overt lymphadenopathy of the regional lymph nodes. Differentials can include mycotic pneumonia (screen possible endemic mycotic disease), feline infectious peritonitis, parasitic infection (e.g. Toxoplasmosis, Aelurostrongylus), Mycobacterial or due to the age less likely neoplastic lung disease (e.g. lymphoma).



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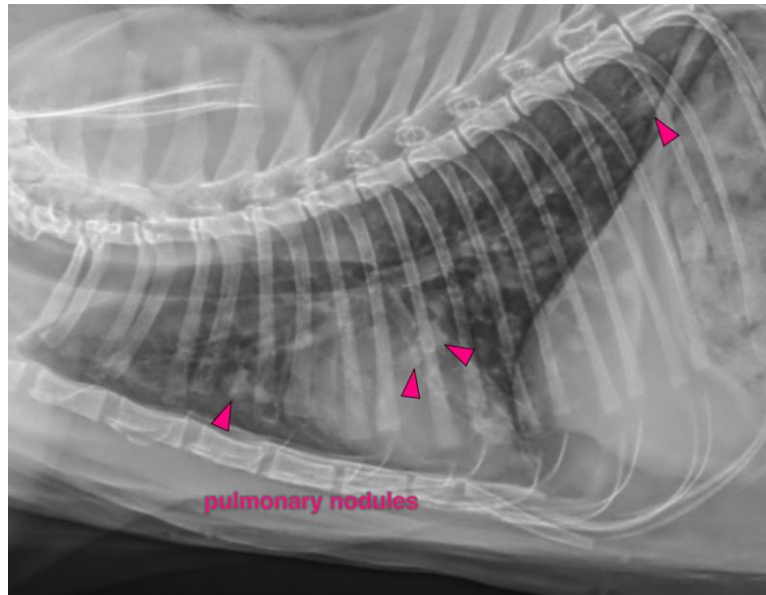
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com