



PATIENT

Willos Withers

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16Y

WEIGHT

6kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dalton Nguyen

HOSPITAL NAME

Colyton Veterinary
Hospital

REFERRING VET

Dalton Nguyen

INVOICE

72559

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Nasal congestion with bilateral nasal discharge

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the skull, thorax and abdomen in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

In the nasal cavity bilaterally, a very small amount of fluid attenuating material is attached to the nasal mucosal lining. The mucosal lining of the nasopharynx has a mild irregular surface.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are filled with non-contrast enhancing soft tissue material. The osseous wall of both tympanic bullae is moderately thickened and smooth. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The medial retropharyngeal lymph nodes are prominent; the attenuation and contrast enhancement pattern is uniform.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

Cranial to the heart in the mediastinum, a well-defined, uniform soft tissue attenuating and homogeneous strong contrast enhancing nodule is seen; measuring 9 mm in diameter.

The cranial mediastinal lymph nodes are mildly prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Generalized moderate thickening of the walls of the bronchial tree is seen along with peripheral obliteration of bronchiole by soft tissue material – resulting in a mild tree-in-bud pattern. The cranioventral dependent aspects of the lung present peribronchial patchy ground glass to soft tissue attenuation pattern.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.



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Both kidneys present a mild decreased volume and irregular margins. Both kidneys present zones with irregular mineralization of the renal parenchyma. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bronchial lung pattern with multifocal obliteration of small bronchial segments (tree-in-bud pattern)
- Cranioventrally accentuated peribronchial patchy alveolar pattern
- Mild rhinitis and mild irregular mucosal swelling of nasopharynx
- Bilateral otitis media
- Strong contrast enhancing cranioventral mediastinal soft tissue nodule
- Chronic nephropathy with nephrocalcinosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is highly suggestive for bronchopneumonia or primary feline bronchial disease ± bacterial superinfection.

The upper airways present signs of mild rhinitis and pharyngitis – commonly primary viral ± bacterial superinfection. The otitis media can be a sequela to latent upper respiratory tract infection and secondary ascending infection.

The strong contrast enhancing soft tissue nodule in the cranial mediastinum can present an enlarged lymph node or soft tissue nodule (e.g. thymoma, thymic sarcoma/carcinoma, ectopic thyroid adenoma/carcinoma). Ultrasound guided FNA sampling may be tried for specification.



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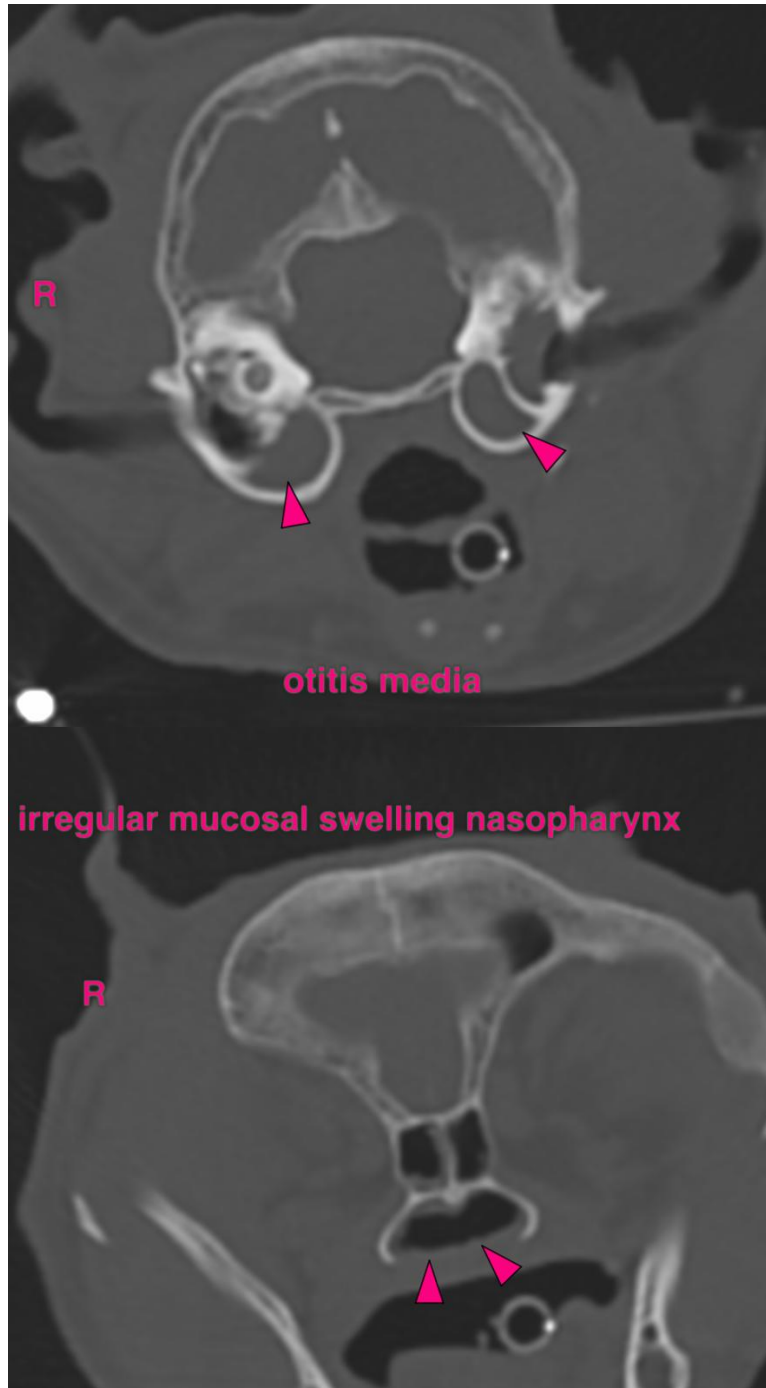
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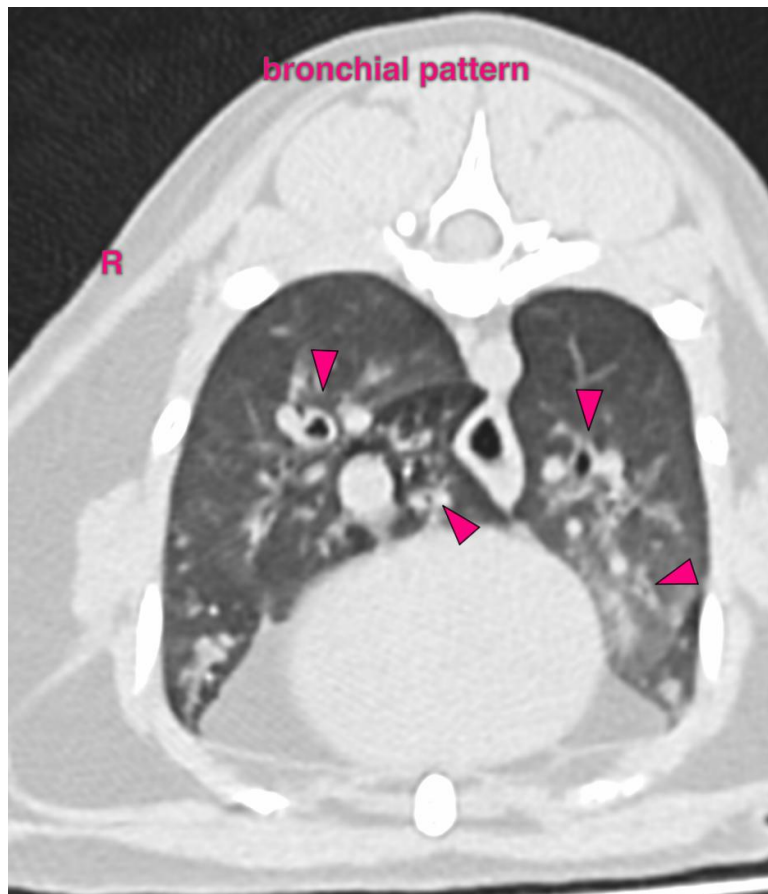
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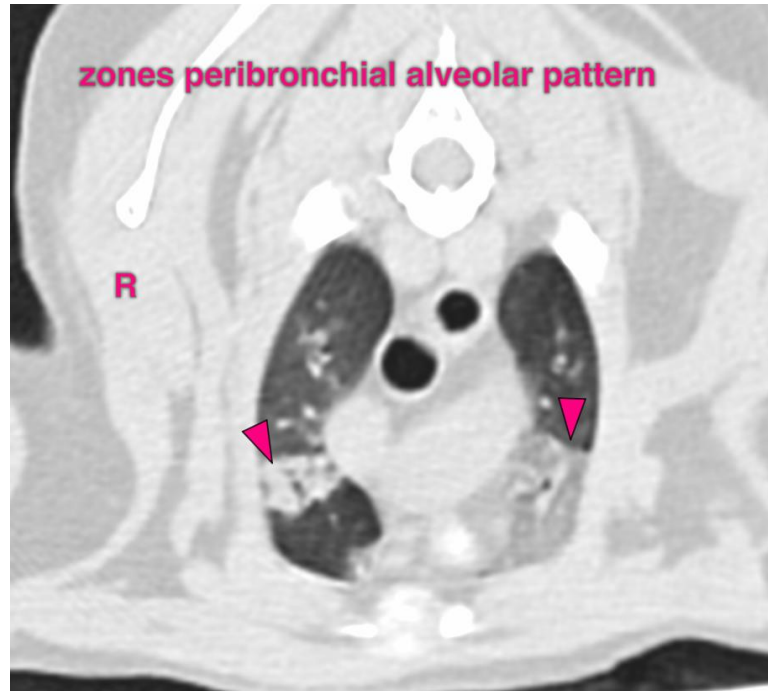
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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