



PATIENT

Finnegan McMenamin

SPECIES

Feline

BREED

Maine Coon Mix

SEX

MN

AGE

14Y

WEIGHT

7.2kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Darla and Tessa

HOSPITAL NAME

Woodridge Veterinary
Clinic

REFERRING VET

Anique McCrea-
Spence

INVOICE

72602

DATE

11-12-25

PRESENTING CLINICAL SIGNS

2 week hx of open-mouth breathing, worse with exercise -Making a "hiss" sound (cough? - no video from o) -Still BAR, normal energy at home, e/d well, no v/d/c/s -Hyperthyroid - 3.75 mg methimazole BID (currently not well controlled, high T4 today) -Clomipramine 2.5 mg once daily for anxiety -Prev hx June 2025 of retching, regurg, aerophagia. Referral CT scan showed mild airway diz, no megaesophagus, no cause for the retching/aerophagia. No tx initiated at that time, o was monitoring. Abnormal PE/Chem/CBC/UA Results: -Normal lung sounds (although slightly increased) -Was open mouth breathing and stressed (MM colour pink throughout, CRT < 1 sec, not dehydrated) -No murmur or arrhythmia -Mild to mod periodontal diz -ProBNP abnormal - echocardiogram pending. -T4 - 98 nmol/L (previously well controlled at 30 nmol/L June 2025)

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. Mild redundancy of the aortic arch is present along with rotation of the cardiac silhouette, presenting abroad sternal contact. The pulmonary vasculature is within normal limits.

In the right lateral view, cranial to the heart, dorsal to the 3rd/4th sternebra, a fusiform shaped soft tissue opacity is seen.

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

Generalized mild increased visibility of the bronchial walls is visible.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

RADIOGRAPHIC DIAGNOSIS

- Mild bronchial lung pattern without air-trapping
- Possible mild lymphadenopathy sternal lymph nodes
- Redundant aortic arch

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern can be accentuated by age related changes along the bronchial tree. A likely differential is feline bronchial disease – commonly primary allergic in origin.

The supposed mild enlargement of the sternal lymph node can be caused by reactive lymphoid hyperplasia or less likely here neoplastic infiltration– rule out abdominal pathology as well.

TECHNICAL COMMENTS

Human fingers are seen in the primary beam, please consider radiation safety guidelines!



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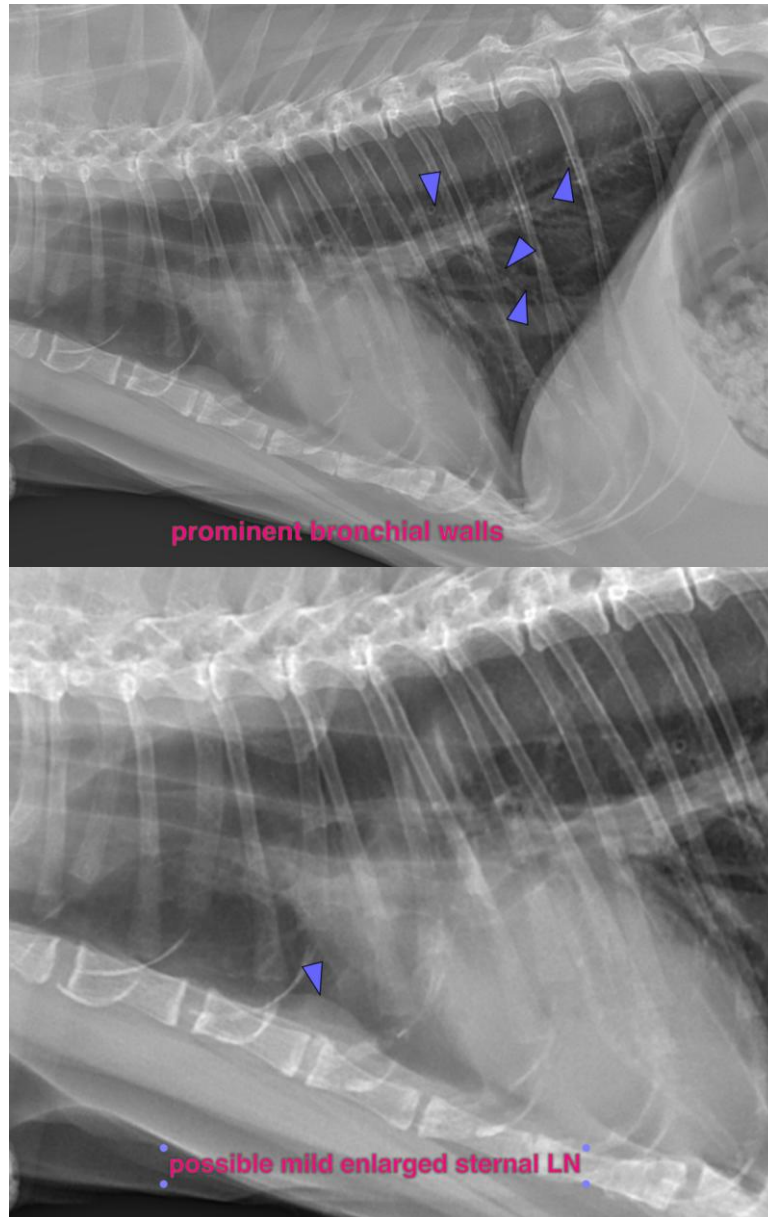
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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