



PATIENT

Nibbles Kay

SPECIES

Rabbit

BREED

Rex

SEX

Female

AGE

unknown

WEIGHT

3.96kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Ivana Levy, Rachel
Jacobs

HOSPITAL NAME

Emergency Veterinary
Hospital of Ann Arbor

REFERRING VET

Ivana Levy

INVOICE

72698

DATE

11-20-25

PRESENTING CLINICAL SIGNS

unknown age female spayed rabbit presenting to specialist for second opinion post excisional biopsy (incomplete margins) of left oral mucosal fibrosarcoma performed 10/25/25. Patient also has history of uterine adenocarcinoma (surgically excised completely october 2024). CT performed under heavy sedation to assess for pulmonary metastasis. Patient clinically doing well with no other concerns. Abnormal PE/Chem/CBC/UA Results: PE: morbidly obese, BCS 8/9, oral left mucosa thickening consistent with neoplasia, 1.5x2cm palpable firm, movable subcutaneous mass in dewlap (previously consistent with lipoma), urine scalding near vulva, hindlimb pododermatitis, early bilateral cataracts Thoracic radiographs taken at rDVM 10/28/25 (not available) concerned for summation at cardiac apex, open for possible pulmonary nodule vs. normal thymus

COMPUTED TOMOGRAPHY OF THE THORAX

A high resolution pre- and post-contrast CT study of the thorax is provided for review – in the post contrast series perivenous administration of the contrast media is appreciated.

COMPUTED TOMOGRAPHIC FINDINGS

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

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

In the medial aspect of the left cranial lung lobe, a hypoattenuating, well-defined area is appreciated – extending over the entire length of the respective lung lobe. The remainder of 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hypoattenuating area medial aspect left cranial lung lobe
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoattenuating area in the left cranial lung lobe is highly suggestive for pulmonary emphysema or less likely a pulmonary bulla – the clinical relevance is unclear, and I would consider this as an incidental finding but may predispose for spontaneous pneumothorax.

The CT study reveals no signs of pulmonary metastatic disease.



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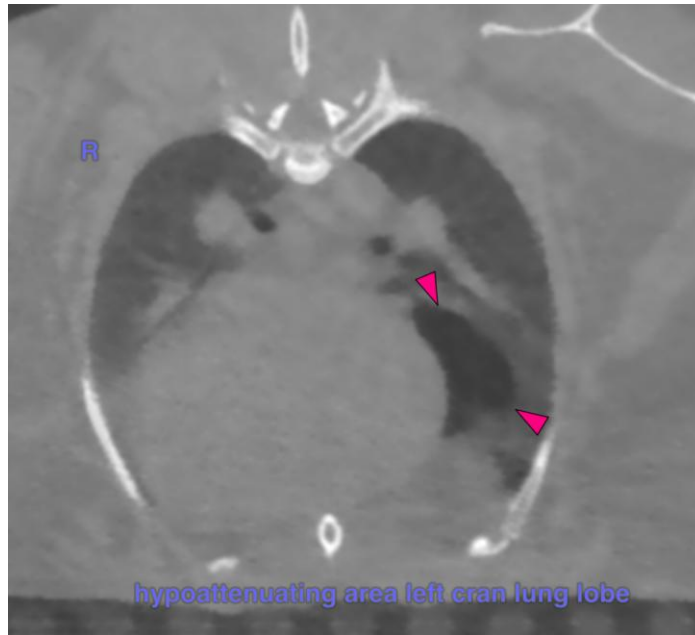
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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