



PATIENT

Skittles Cardoso

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

10Y, 7M

WEIGHT

7.81lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Natasha

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

72703

DATE

11-20-25

PRESENTING CLINICAL SIGNS

O states p's coughing has increased in frequency. The cough is dry/ no discharge noted. P was given Prednisolone at last visit and o states this helped but after the course was finished the symptoms returned. P seems a little more lethargic than normal but is still eating well.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, mild wheezing bilaterally. Assessment: Clear nasal discharge Sneezing, coughing: r/o infectious (bacterial, viral vs. parasites vs. other) vs. allergic vs. bronchitis vs. other

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. 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 tree presents with thin walls and tapers uniformly towards the periphery as expected.

The caudal lung lobe bilaterally presents ill-defined zones with a ground glass opacity. The remainder of the lung parenchyma are aerated and present the expected architecture.

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

RADIOGRAPHIC DIAGNOSIS

- Patchy zones with an unstructured interstitial pattern dorsal aspects caudal lung lobes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patchy interstitial lung pattern of the caudal lung lobes can be indicative for atypical pneumonia (e.g. Mycoplasma), Toxoplasmosis or pulmonary fibrosis. Neoplastic infiltration (e.g. carcinoma, round cell tumor) is considered less likely here.



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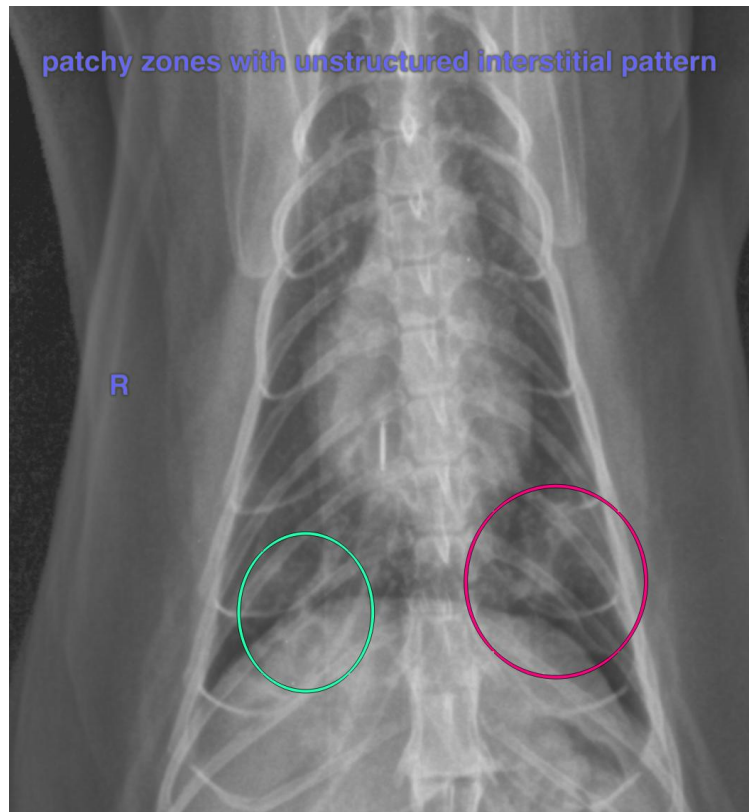
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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