



PATIENT

Clementine Richards

SPECIES

Feline

BREED

DLH

SEX

Female

AGE

10 Years

WEIGHT

3 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Molly Ellson

HOSPITAL NAME

Animal Trust Ellesmere
Port

REFERRING VET

Dr. Amber Mahon

INVOICE

35885

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Owner reports chronic d+ on/off (checking the clinical hx from the referring vets chronic v+ as well), had food this morning but started passing d+ and then noticed her breathing a bit off. On the clinical exam QAR, m/m pale-pink and moist, HR 180 with 2/6 Hm ?, RR 35, on the abdominal palpation intestines thickened + + +, temp wnl. Passed d+ in the oxygen tank - extremely bad smell. Chat with the owner and explained intestines feel very thickened. DDx intestinal lymphoma vs IBD/IBS, Day 2 hosp for tachypnoea and chronic v/d. Quiet demeanor. Resp rate 70-90/min, shallow Premed acp/ butorphanol. GA induced with prop to effect. CT scan taken of thorax, without then with contrast. Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A high resolution pre- and post-contrast CT study of the thorax is provided for review.

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 right ventricle is prominent, and the interventricular septum is flattened. The main pulmonary artery is prominent.

The endotracheal tube is extending up to the level of the carina.

Generalized mild to moderate smooth thickening of the wall of the bronchial tree is appreciated.

Multiple patchy zones presenting a ground glass attenuation pattern are appreciated.

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

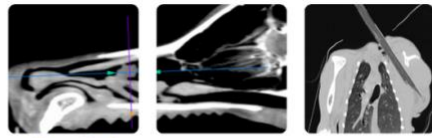
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bronchial lung pattern accompanied by a patchy unstructured interstitial lung pattern
- Mild right sided cardiomegaly and prominent main pulmonary artery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are suggestive for chronic pneumonitis/bronchopneumonia (e.g. Mycoplasma, viral) ± pulmonary fibrosis. Differentials for the lung pattern can include parasitic pneumonia (e.g. Aelurostrongylus), infarction or less likely here neoplastic origin (e.g. carcinoma). FNA sampling of the lung may be used as advanced diagnostic tool for specification.

The cardiac changes and prominent main pulmonary artery are indicative for pulmonary hypertension and is increasing the odds for pulmonary fibrosis. A cardiac echo can be used to confirm/rule out the diagnosis.



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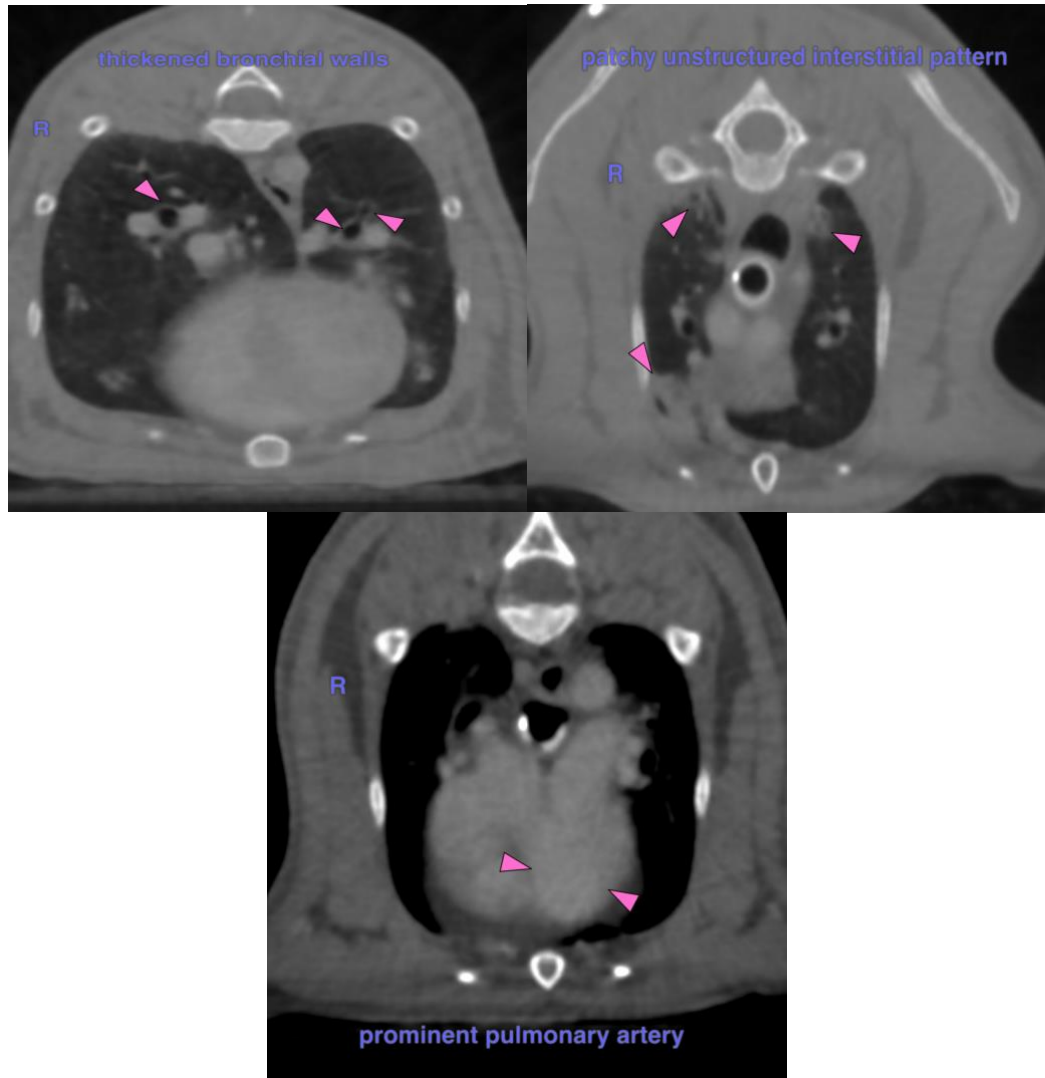
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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