



PATIENT

Reese Stephens

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12.5Y

WEIGHT

4.2kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Vet Techs

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Karla Schultz

INVOICE

73017

DATE

12-16-25

PRESENTING CLINICAL SIGNS

screening imaging work up for persistent hyperglobulinemia. P also has history of mild intermittent food sensitivity and rare chin/lip eosinophilic complexes. Recent mild weight loss (6/20/2025: 4.4 kgs), good energy and appetite.

Abnormal PE/Chem/CBC/UA Results: PE: unremarkable. Normal thoracic auscultation, abd palpation, PLNs, oral cavity CBC, u/a, T4 11/14/2025 WNL FeLV/FIV 11/14/2025 neg/neg chem 11/14/2025 mild hyperglobulinemia (6.1) with low-WNL albumin (2.6); hyperglobulinemia was mildly progressive from 5/9/2025 (6.0); previous years was high-NL (2024-5.6, 2023-5.8) serum protein electrophoresis 11/14/2025: oligoclonal gammopathy (ddx targeted immune response vs plasma cell neoplasia vs B-cell neoplasia) submitted, pending; fecal parasite screen, abdominal ultrasound imaging

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.

Age related rotation of the cardiac silhouette is visible, presenting a broad sternal contact. The cardiac silhouette is prominent and has a concave caudal conformation. 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 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

- Subjective cardiomegaly
- Normal lower airways

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac silhouette is prominent – although the vertebral heart score is still within normal limits – which can present a normal anatomical variant or is indicative for cardiomyopathy. A cardiac echo would be beneficial for specification.



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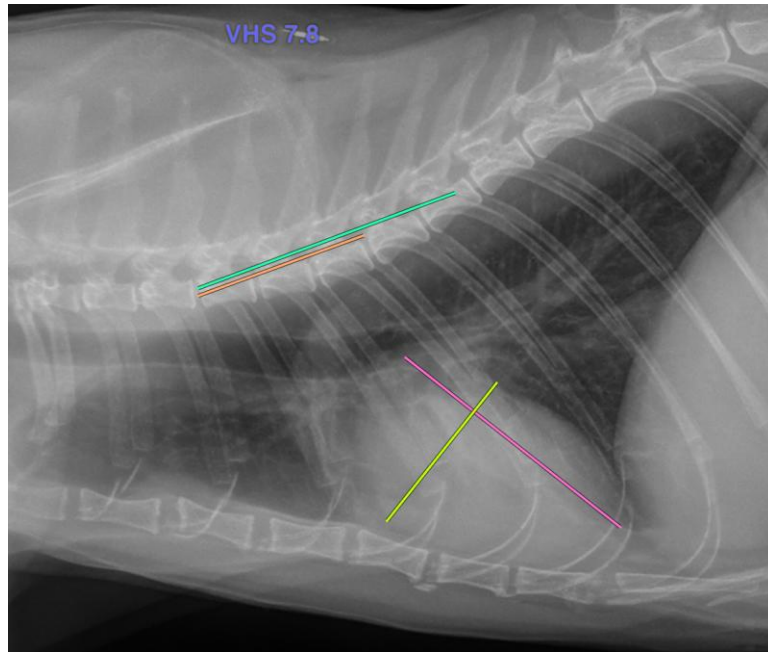
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com