



PATIENT

Socks Scales

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

8Y, 8M, 8D

WEIGHT

7.30lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

73144

DATE

12-30-25

PRESENTING CLINICAL SIGNS

History: Owner presented Socks for evaluation of a possible lung nodule identified on recent X-rays after an episode of apparent respiratory distress resembling unsuccessful hairball expulsion. Owner reports Socks has a chronic history of audible, loud breathing since kittenhood attributed to polyps in her throat, with variable intensity. No prior similar episodes of coughing noted before the recent event; no subsequent episodes reported. Eating, drinking, urination, and defecation reported as normal; one episode of diarrhea the day after the emergency visit, attributed to stress. No vomiting or sneezing reported outside the episode. Socks was given a steroid for asthma after the recent visit, with the last dose administered two days prior, mixed in food; owner unsure of efficacy. No other medications currently administered; flea, tick, and heartworm prevention last given at previous checkup. Diet consists of Fancy Feast. Owner did not administer gabapentin prior to the visit due to lack of supply. Onset of Symptoms: Symptoms first noted on December 19th during an episode of apparent respiratory distress. Progression of Symptoms: Symptoms have resolved since the initial episode; Socks has returned to normal according to the owner. C/S/V/D (Coughing, Sneezing, Vomiting, or Diarrhea): One episode of coughing and respiratory distress was reported on December 19th; one episode of diarrhea occurred the following day. No vomiting or sneezing reported outside of that episode.

Abnormal PE/Chem/CBC/UA Results: PE: Fear/Anxiety/Stress Score: 3/5 - Nervous, hides, stressed by handling.; Cardiovascular: Grade III/VI murmur, left side.; CBC: WNL; Chem: Na 143; K >9.0; Cl 130; TCO2 14; BUN 32; CREA 1.4; GLU 108; Hct 36; Hb 12.2;

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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 walls are mildly thickened and smooth. Some peripheral bronchial segments are obliterated by non-contrast enhancing soft tissue material with interspersed granular mineralization. The caudal part of the left cranial lung lobe presents multiple zones with ground glass to soft tissue attenuation pattern and decreased volume.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.



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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

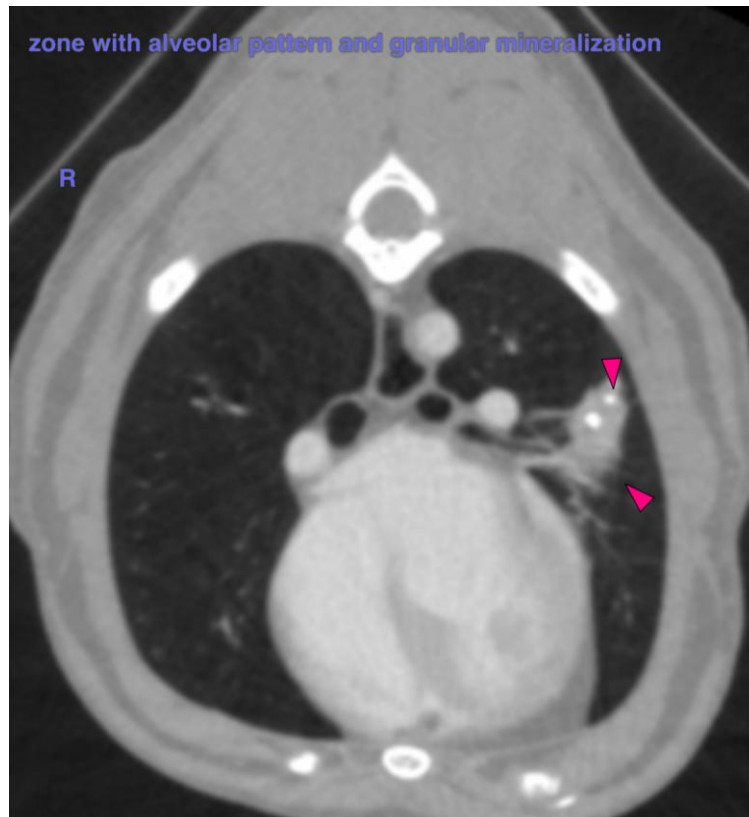
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Zone with alveolar pattern craniodorsal aspect caudal part left cranial lung lobe
- Sporadic peripheral bronchial consolidation – 'tree in bud' pattern with broncholithiasis
- Mild bronchial pattern
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated bronchial lung pattern along with the sporadic peripheral bronchial consolidation is most consistent with underlying chronic feline bronchial disease and mucus plugging and broncholithiasis due to chronic inflammation. Secondary zone with pneumonia left cranial lung lobe. Although bronchogenic carcinoma may present a similar pattern, I consider the odds for neoplastic disease low. In case of doubt, ultrasound guided FNA sampling of the consolidated area in the left cranial lung lobe – level with the 6th left intercostal space can be used as advanced diagnostic tool.





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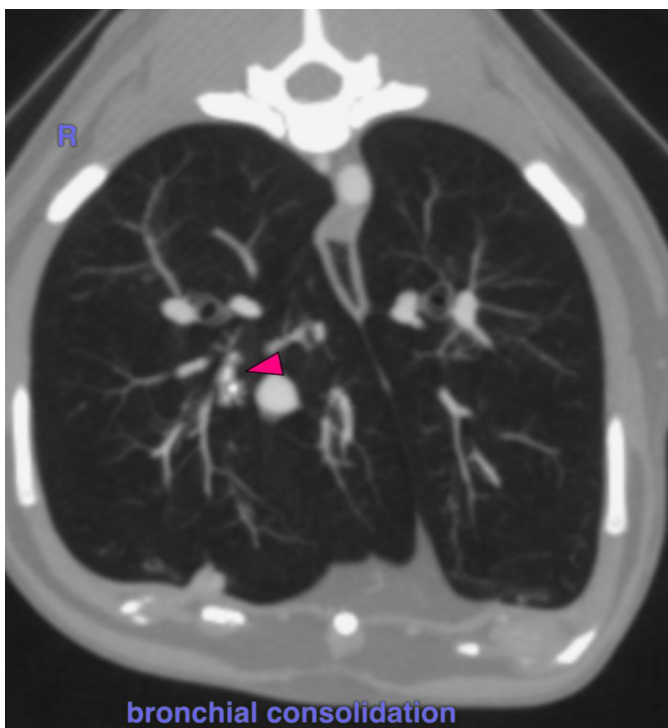
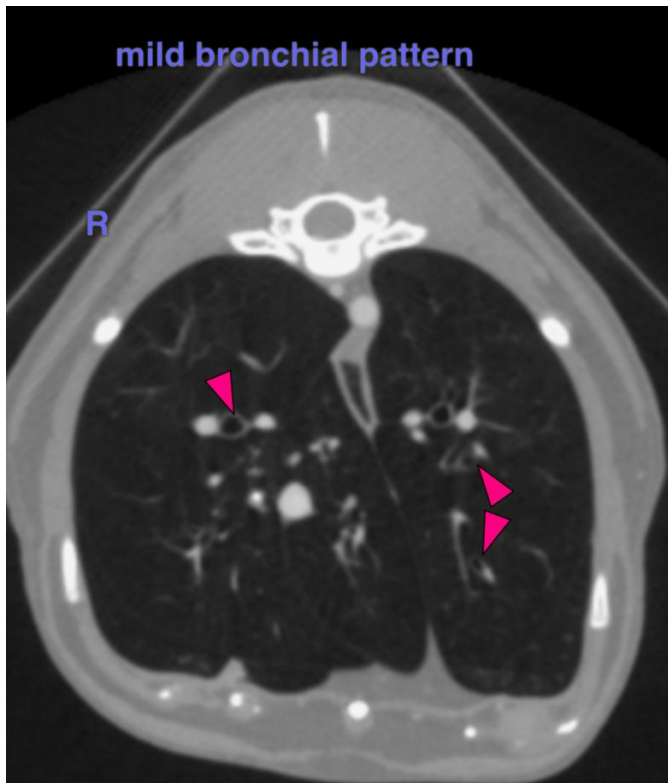
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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