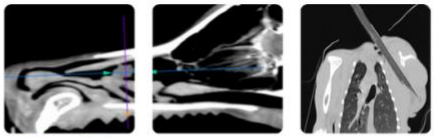

PATIENT

Alley rose

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

9 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Ralph

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Mucera

INVOICE

35847

DATE

2/13/26

PRESENTING CLINICAL SIGNS

- Patient is vomiting daily. Patient shows neurologic signs such as head pressing.
- Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4 shows high WBC and high neutrophils

RADIOGRAPHIC STUDY OF THE THORAX

A complete set of radiographs of the thorax and abdomen is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

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 cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

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.

Level with the 9th and 10th right intercostal space in the lateral aspect of the right caudal lung lobe, a multiloculated soft tissue opaque mass with multiple central gas opacities is appreciated, extending over approximately 2 intercostal spaces. The remainder of the lung parenchyma present 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.

Abdomen

The intervertebral disc spaces L5/L6 and L7/S1 are moderately narrowed, and the respective vertebral endplates present moderate spondylosis formation.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

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Both kidneys are seen and present with normal size, shape, delineation and opacity. Mineral opaque material is seen in the image plane of the right renal pelvis. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the lower urinary tract.

The stomach is in its anticipated position. In the lateral views, the gastric wall appears prominent.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

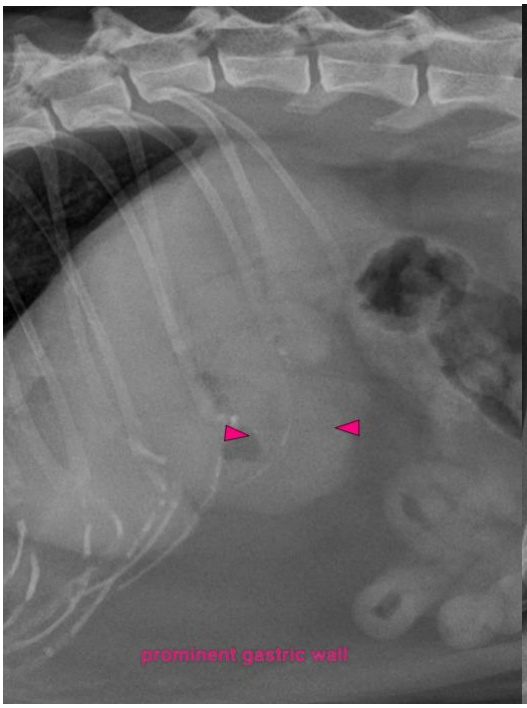
RADIOGRAPHIC DIAGNOSIS

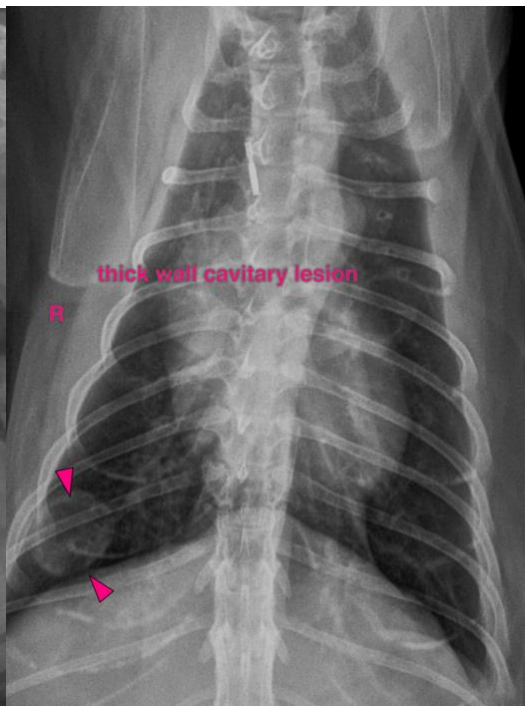
- Possible generalized mural thickening of the gastric wall
- Thick walled multiloculated cavitary lesion right caudal lung lobe
- Chronic discopathy L5/L6 and L7/S1 along with spondylosis deformans
- Right sided nephrolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of the wall of the gastrointestinal tract in plain radiography is very limited in radiography as gastric content will efface the margins of the wall. However, in combination with the history of vomiting diffuse infiltrative disease of the gastric wall – either neoplastic (e.g. lymphoma, carcinoma) or inflammatory (e.g. eosinophilic sclerosing fibroplasia) origin – are potentials. An abdominal ultrasound examination will allow exact evaluation of the walls of the gastrointestinal tract.

The cavitary lung lesion can present a second entity and the odds for pulmonary carcinoma are high. Differentials would include thyroid granuloma/parasitic cavitary lung lesion.





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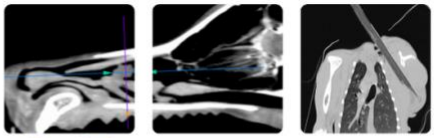

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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