



PATIENT

Honey Romig

SPECIES

Feline

BREED

Maine Coon

SEX

F

AGE

11W

WEIGHT

1.7lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kaite Maher

HOSPITAL NAME

Maher Animal Hospital

REFERRING VET

Katie Maher

INVOICE

73902

DATE

2-23-26

PRESENTING CLINICAL SIGNS

- breeder bathed the cat prior to transfer/homing of kitten, claims she "went under the water"
- owner acquired cat on Sat 2-21.
- since sat, caqt makes a "gurgling sound", at least 2 x an hour
- owner noticed panting on 2-22
- not eating the kibble that breeder claims she was eating, but is eating canned food

Abnormal PE/Chem/CBC/UA Results: T: 102.3. no crackles heard, but loud breathing noises.

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 growth plates are age related visible.

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

Assessment of the trachea is limited.

The right cranial and middle lung lobe present a diffuse soft tissue opacity and decreased volume. A mediastinal shift to the right is appreciated.

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

RADIOGRAPHIC DIAGNOSIS

- Alveolar pattern right middle & cranial lung lobe with decreased volume

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The consolidated right middle & cranial lung lobe can present resorption atelectasis due to mucus plugging or (chronic) pneumonia.

The tracheal cannot be fully evaluated that can be caused by positioning and the small size of the patient - but regarding the history there are no respective clinical signs of severe dyspnea or tracheal stridor.

TECHNICAL COMMENTS

Human fingers are seen in the primary beam, please consider radiation safety guidelines!



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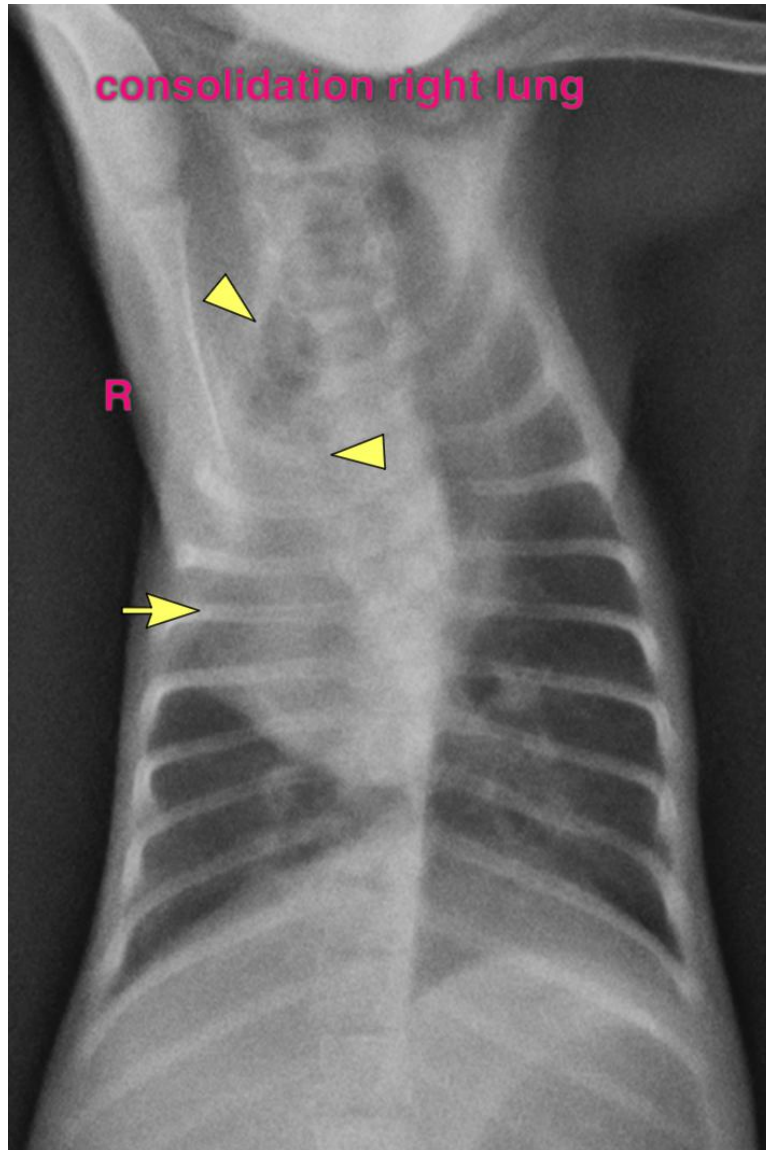
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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