



PATIENT

Gato Cespedes

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Year

WEIGHT

8 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Mucera

HOSPITAL NAME

Animal Clinic Queens

REFERRING VET

Dr. Mucera

INVOICE

36775

DATE

2/8/26

PRESENTING CLINICAL SIGNS

History: Pt is lethargic and losing weight. Palpated mid abdominal mass

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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.

In the pleural space, a small volume of soft tissue opaque material is seen, and the lung lobes are retracted from the ventral thoracic wall by the soft tissue material. In the VD view, pleural fissure lines are appreciated.

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 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.

Abdomen

The surrounding bony structures are within normal limits.

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.

The volume of the right kidney is moderately decreased in comparison to the left kidney. Both kidneys present irregular margins, and a small amount of mineral opaque material is appreciated in the image plane of the renal pelvis. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

The stomach is in its anticipated position and presents normal content.



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The small intestinal loops are prominent and appear rigid. In the left caudolateral abdomen, between the descending colon and the abdominal wall, a tubular bilobed tubular soft tissue opacity is seen

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

RADIOGRAPHIC DIAGNOSIS

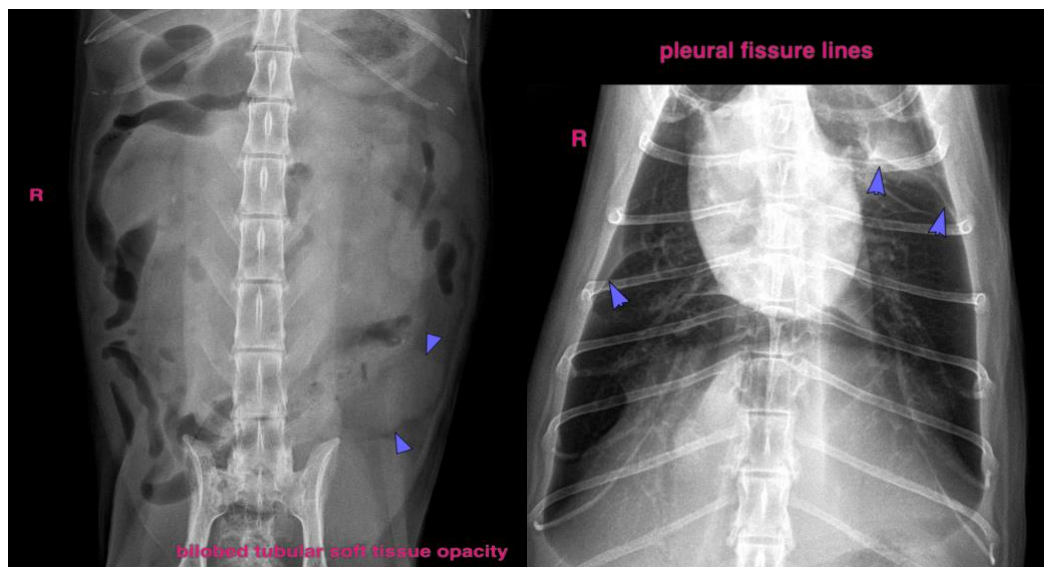
- Tubular soft tissue structure in left caudal abdomen
- Generalized prominent and rigid appearing small intestinal loops
- Pleural effusion
- Chronic nephropathy, R>L
- Nephrolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tubular appearing soft tissue opacity in the left caudal abdomen can present an intestinal soft tissue mass, enlarged lymph node, mild prominent caudal extremity of the spleen, mesenteric soft tissue mass or unlikely here mass of the uterus. Possible causes include neoplasia (such as lymphoma, carcinoma), granuloma, cyst or unlikely hematoma.

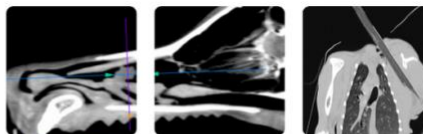
The overall prominent and rigid appearing small intestinal loops can be a sequela diffuse infiltrative disease of the intestinal wall – inflammatory versus neoplastic versus idiopathic. Complementing workup by an abdominal ultrasound examination would be ideal.

The pleural effusion can be a sequela to primary abdominal pathology or paraneoplastic finding.



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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