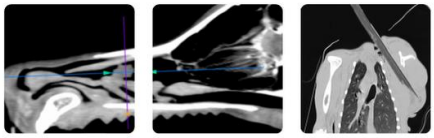

PATIENT
Kenobi Torres

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
12Y

WEIGHT
13.8

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY
DTLAvets

HOSPITAL NAME
DTLAvets

REFERRING VET
Dr. Castaneda

INVOICE
74403

DATE
3-30-26

PRESENTING CLINICAL SIGNS

- recently discovered elevated proBNP (911) without heart murmur; trying to get into GA for new firm mass at L zygomatic arch area which started in early March 2026; unexplained weight loss for the last few months; polydypsic since early March 2026; recent pre-anesthetic labs revealed notable lymphocytosis (11,090) - negative FeLV, FIV and "grey zone" TT4 is 3.1 and normal FT4 ED

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.

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.

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

- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the thorax reveals no abnormalities and is negative for pulmonary metastatic disease.

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
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