



## PATIENT

Zeus Irizarry

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

NM

## AGE

12Y

## WEIGHT

9.9lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan  
Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Dr. G. Zambrana, DVM

## INVOICE

74702

## DATE

4-21-26

## PRESENTING CLINICAL SIGNS

Patient was seen on Saturday at home having difficulty breathing, open mouth, coughing. No other exam findings noted. Patient has Hx of STS on neck, removed on 2/25/26. FIV +. An FNA of the lungs was performed on Jan 2026 due to an incidental finding on a thorax radiograph, yielding inflammation of tissue, the lesion was nodular on rads, the R MIDDLE LUNG LOBE was affected. Abnormal PE/Chem/CBC/UA Results: CHEM --- ALT severe decreased (<10) X-Ray: There is a small nodule of soft tissue opacity in the dorsal aspect of the right caudal lung lobe. Given the history of primary neoplasia in this patient, the presence of a metastatic pulmonary nodule is suspected. There is also collapse of the right middle lung lobe. This may be present as an incidental finding and is of uncertain current clinical significance. Underlying pathology of this lung lobe is not excluded. There is a large volume of fatty deposition in the ventral aspect of the right hemithorax; this may reflect the body condition of the patient. However, the presence of an intrathoracic lipoma is possible and this could account for or contribute to right middle lung lobar collapse.

## COMPUTED TOMOGRAPHY OF THE THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

The axillary lymph nodes bilaterally are prominent.

The ventral aspect of the right pleural cavity is occupied by fat attenuating material – presenting vascular structures that are coursing caudally to the right lateral aspect of the diaphragm – in the respective region the diaphragm presents a focal irregularity and possible small discontinuity.

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 tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The right middle lung lobe is consolidated with air-bronchograms and presents a significant decreased volume. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior. In the dorsolateral aspect of the right caudal lung lobe, a focal granular mineralization is seen.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect small diaphragmatic defect with herniation of omental fat into the right hemithorax
- Lymphadenopathy axillary lymph nodes bilaterally
- Resorption atelectasis right middle lung lobe
- Suspect small broncholith right caudal lung lobe - incidental
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fatty material in the right hemithorax is likely a sequela to a small defect in the lateral aspect of the diaphragm and herniation of omental fat – the defect appears to be very small and herniation of abdominal organs, but the fat, is unlikely. As the amount of fat is small and the diaphragmatic defect is



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likely chronic the clinical relevance for the acute onset of open mouth breathing is unclear. Although the lower airways present without overt abnormalities – but the atelectasis of the right middle lung lobe – feline bronchial disease may be a potential.

FNA sampling of the axillary lymph nodes is beneficial to rule out metastatic disease.





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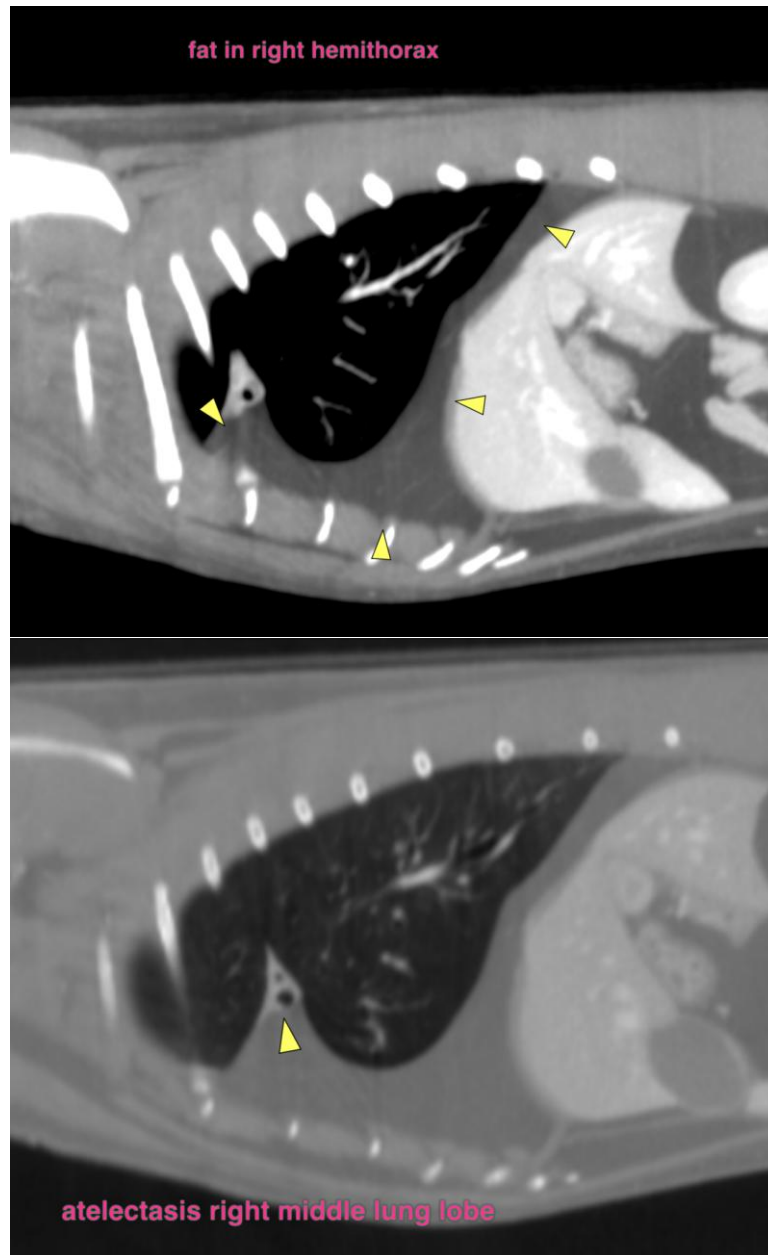
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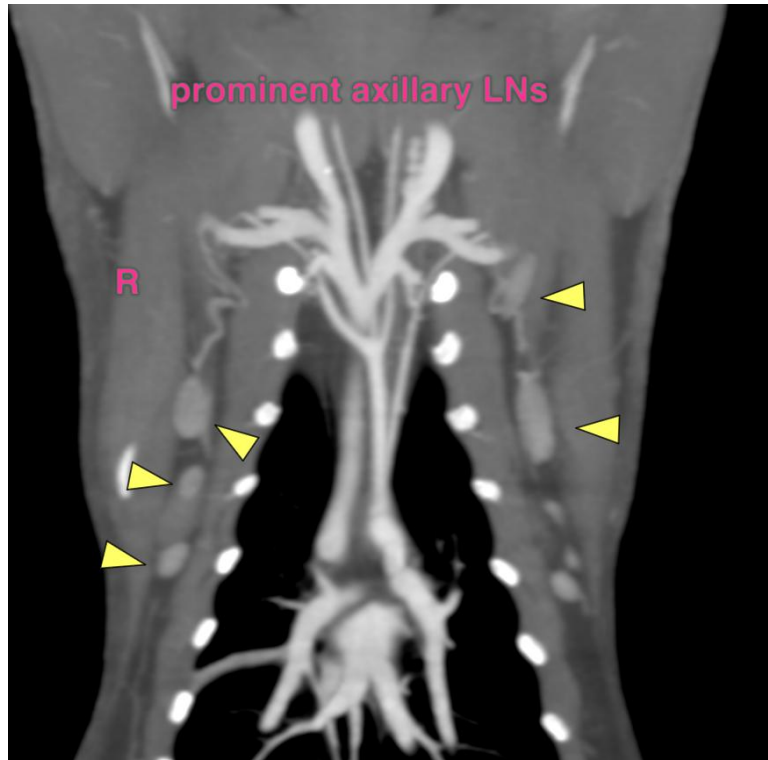
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)