



PATIENT

Shadow Lindquist

SPECIES

Feline

BREED

Main Coone

SEX

Female Spayed

AGE

3Y

WEIGHT

6.92

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Mountain West
Veterinary Specialists

HOSPITAL NAME

Mountain West
Veterinary Specialists

REFERRING VET

Melanie Thompson

INVOICE

74736

DATE

4-22-26

PRESENTING CLINICAL SIGNS

Dyspnea (labored breathing) with tracheal compression – Date first noted 04/15/2026. Presented for emergency visit due to difficulty breathing. Initial treatment with prednisone and doxycycline resulted in only 40-50% improvement. Subsequent visit on 04/19/2026 noted progressive coughing, wheezing, and marked inspiratory effort, unresponsive to initial treatment. Radiographs revealed a soft tissue opacity causing external compression on the trachea at the carina, identified as the leading cause of clinical signs.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

All teeth but triadan 104, 108, 204, 304 and 404 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are prominent and present a heterogeneous contrast enhancement pattern.

Thorax

The cervical superficial lymph nodes are prominent.

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.

At the cranial aspect of the carina, a convex shaped, uniform soft tissue attenuating and contrast enhancing mass is protruding from the dorsal tracheal wall, measuring 12 x 9 x 9 mm. The intramural mass of the tracheal wall is occupying approximately 70% of the cross-sectional area of the trachea at the same level.

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 lung parenchyma presents the expected architecture and attenuation behavior.

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



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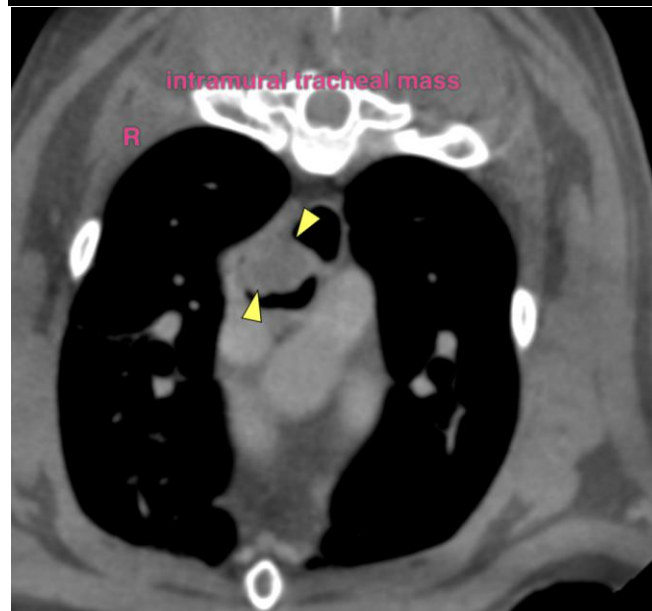
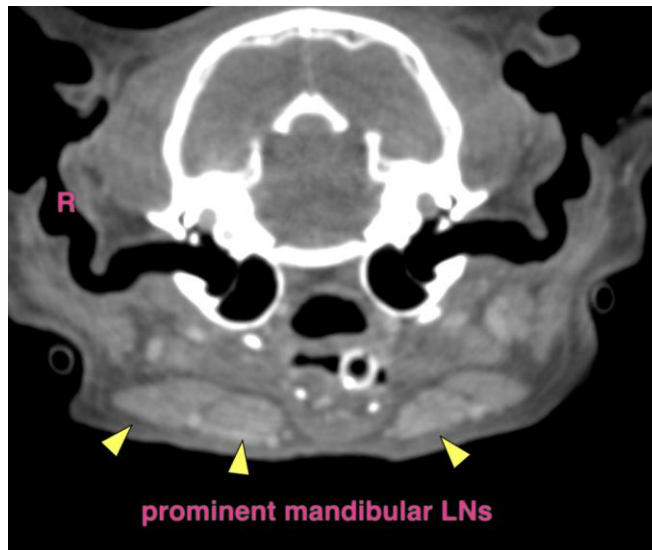
4-22-26

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intramural tracheal mass – level with the crania – with secondary partial lower airway obstruction
- Lymphadenopathy mandibular, medial retropharyngeal and superficial cervical lymph nodes
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intramural tracheal mass is consistent with primary tracheal neoplasia – lymphoma is common, other differentials can include chondrosarcoma, adenocarcinoma, chondrosarcoma, other. The finding is a plausible explanation for the presenting clinical signs. FNA sampling of the prominent lymph nodes ± bronchoscopy including biopsy/cyto-brush can be performed for specification.





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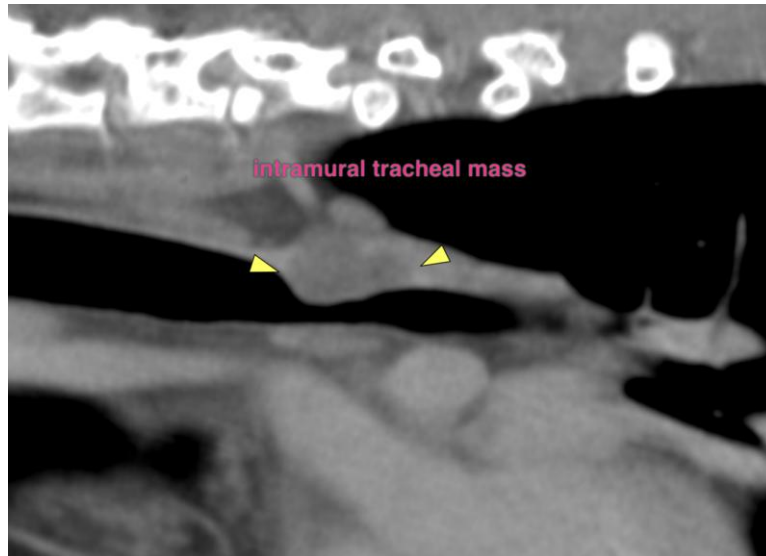
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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