



PATIENT

Jezabelle Blue
Goodwin

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

8 Years 8 Months

WEIGHT

12.8 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Jennifer Schiebert

HOSPITAL NAME

Shadowridge VH

REFERRING VET

Dr. Jennifer Schiebert

INVOICE

36804

DATE

4/25/26

PRESENTING CLINICAL SIGNS

History: Presented for Coughing, wheezing and sneezing of several months duration in March 2026. Xrays showed moderate to severe bronchointerstitial pattern which was suspected to be pneumonia. Treated with augmentin and Orbafloracin then marbofloracin orally. Recheck radiographs showed no improvement. Heartworm negative. TOXO negative, Crypto negative. US showed some small nodular like changes in peripheral aspect of the lung fields. no fluid present.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of the thorax in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The bony and surrounding soft tissue structures are within normal limits.

The tracheobronchial and cranial mediastinal lymph nodes are prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Generalized smooth mild thickening of the walls of the bronchial tree is appreciated, accompanying by a peripherally accentuated patchy unstructured ground glass attenuation pattern.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bronchial lung pattern accompanying by a patchy unstructured interstitial pattern
- Lymphadenopathy tracheobronchial and cranial mediastinal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung pattern is fitting the described radiographic and ultrasound finding, the odds for chronic feline bronchial disease – commonly primary allergic – and accompanying pneumonitis ± pulmonary fibrosis (will cause irreversible pulmonary changes) are high. Secondary reactive lymphoid hyperplasia of the regional lymph nodes. Theoretically, bronchial carcinoma can present with a predominant bronchial pattern as well, but I consider the odds lower here. If not done so yet, recommend complementing workup by fecal exam to rule out lung worm infection. FNA sampling of the peripheral zones of pulmonary consolidation can be performed as advanced minimally invasive diagnostic tool as well.



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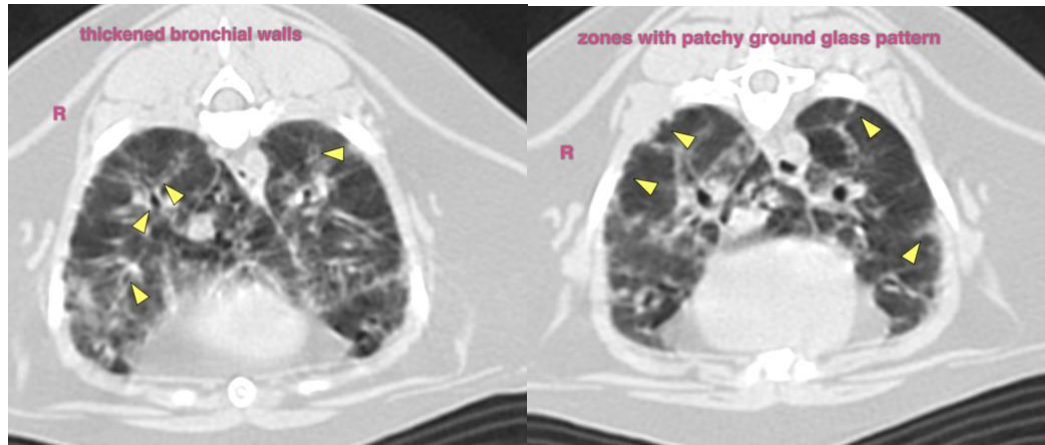
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com