



## PATIENT

Nacho Ketcham

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Male Neutered

## AGE

6Y, 6M, 28D

## WEIGHT

11.30lbs

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Joseph D'Abbraccio,  
DVM

## HOSPITAL NAME

Catskill Veterinary  
Services, PLLC

## REFERRING VET

Joseph D'Abbraccio,  
DVM

## INVOICE

72834

## DATE

12-2-25

## PRESENTING CLINICAL SIGNS

12/1/2025: Reason for Visit: Mouth drainage, swelling, lethargy, and heart murmur. History: Owner reports Nacho had a full annual exam and vaccines on November 10th. Owner received a note about marked swelling near tooth 104 and a heart murmur after the visit, which were previously unknown to her. Owner noted serosanguineous and bloody oral drainage with odor since Friday, worsening last evening, and lethargy. Nacho is hesitant to eat, acts hungry but does not eat, and last ate a small amount the previous night. No vomiting, diarrhea, coughing, or sneezing reported. Nacho is mostly indoors but goes outside to urinate and defecate. Owner is unsure about urination but observes normal defecation outside. Noted a scab on Nacho's neck since Saturday night, which is scabbed over. No current medications. Owner was told to monitor weight; weight decreased from approximately 19 lbs to 15.9 lbs. Tick preventatives used, but owner frequently removes ticks manually. No recent changes in drinking or liquid intake reported. History of multiple dental extractions and severe gingivitis. Owner is unaware of recent bloodwork results.

Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Well-groomed cat, no visible facial swelling, tongue lesion present, no apparent changes in facial appearance, no debris or matting noted; Fear/Anxiety/Stress Score: 3/5 - Nervous, attempts to hide.; Oral Cavity: Large necrotic lesion on the tongue; upper right canine (104) missing; remainder of oral cavity appears normal. moderate gingivitis; Cardiovascular: Grade II/VI left parasternal holosystolic heart murmur auscultated.; Integument: Crusty, firm lesion on the lower left neck.; CBC: WNL; Chem: Potassium 3.3;

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 3 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### HEAD

Multiple teeth are missing: Triadan 102, 103, 104, 106, 107, 108, 206, 207, 208, 209, 307, 308, 309, 407, and 408. There is moderate diffuse bone resorption in the maxilla and mandible.

The tongue is predominantly intact in the structure; however, a suspected pedunculated soft tissue lesion is identified on the left distal tip, measuring approximately 5.5 mm.

The oropharynx, nasopharynx, and tonsils are within normal limits.

The nasal cavities and turbinates are normal.

The cribriform plate and frontal sinuses are intact/unremarkable.

No intracranial mass effect, ventriculomegaly, or midline shift.

The tympanic bullae and external auditory canals are normal.

The globes and retrobulbar spaces are normal.

The temporomandibular joints are bilaterally congruent.

The mandibular, parotid, and zygomatic salivary glands are within normal limits.



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The medial retropharyngeal and mandibular lymph nodes are unremarkable.

## THORAX

The trachea and main bronchi are within normal limits.

There are multifocal, mildly thickened bronchial walls, with parenchymal bands and a small focus of peripheral consolidation affecting the ventral region of the right caudal lung lobe.

The cardiac silhouette and pulmonary vasculature appear normal.

Mediastinal lymph nodes (sternal, cranial mediastinal, tracheobronchial) are unremarkable.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

Musculoskeletal structures are unremarkable.

In the collimated abdomen, a few thin linear mineral structures are present in the left renal recess.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected small pedunculated lingual lesion (~5.5 mm) located on the distal-left portion of the tongue. Differential diagnoses include benign or malignant lingual neoplasia (e.g., papilloma, early squamous cell carcinoma).
- Multiple missing teeth with moderate diffuse maxillary and mandibular bone resorption. Differential diagnosis chronic remodeling due to previous periodontal disease, osteomyelitis.
- Mild to moderate multifocal bronchial wall thickening, parenchymal bands, and small peripheral consolidation in the right caudal lung lobe. Differential diagnoses include mild bronchitis, lower airway inflammatory disease, early pneumonia, or focal atelectasis.
- Incidental linear mineral foci in the left renal recess.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates a possible small pedunculated lingual lesion; correlate the lesion's location with clinical examination. Differential diagnoses include benign or malignant lingual neoplasia (e.g., papilloma, early squamous cell carcinoma). Biopsy or fine-needle aspiration is recommended for definitive diagnosis.

The bronchial wall thickening and discrete peripheral consolidation differential diagnoses include mild lower airway inflammatory disease, early infectious or inflammatory bronchitis or early pneumonia. Consider treatment and/or performing a bronchoalveolar lavage.

The diffuse maxillary and mandibular bone resorption likely reflect chronic remodeling secondary to previous periodontal disease or osteomyelitis.

The heart appears normal on the CT examination; however, evaluation of cardiac function is limited in this modality, particularly in the absence of dedicated contrast-enhanced cardiac imaging. Echocardiography is recommended for comprehensive assessment of cardiac structure and function and to further investigate the clinically detected heart murmur.



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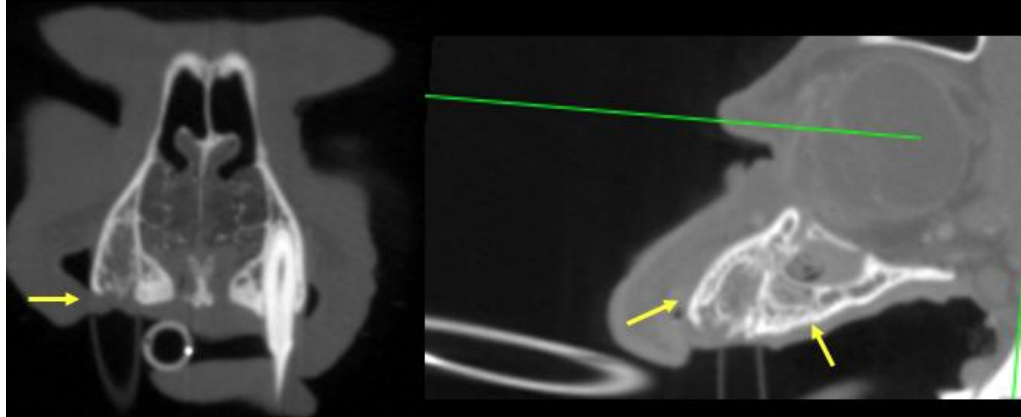
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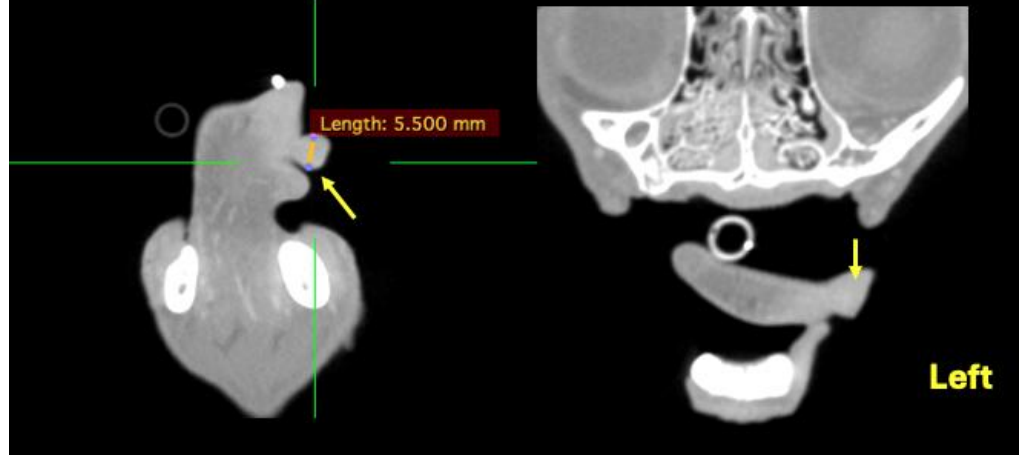
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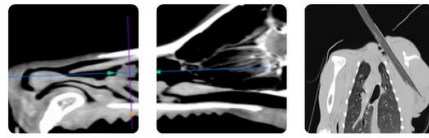
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Missing Triadan 104 moderate diffuse bone resorption in the maxilla



Suspected small pedunculated lingual located on the distal-left portion of the tongue





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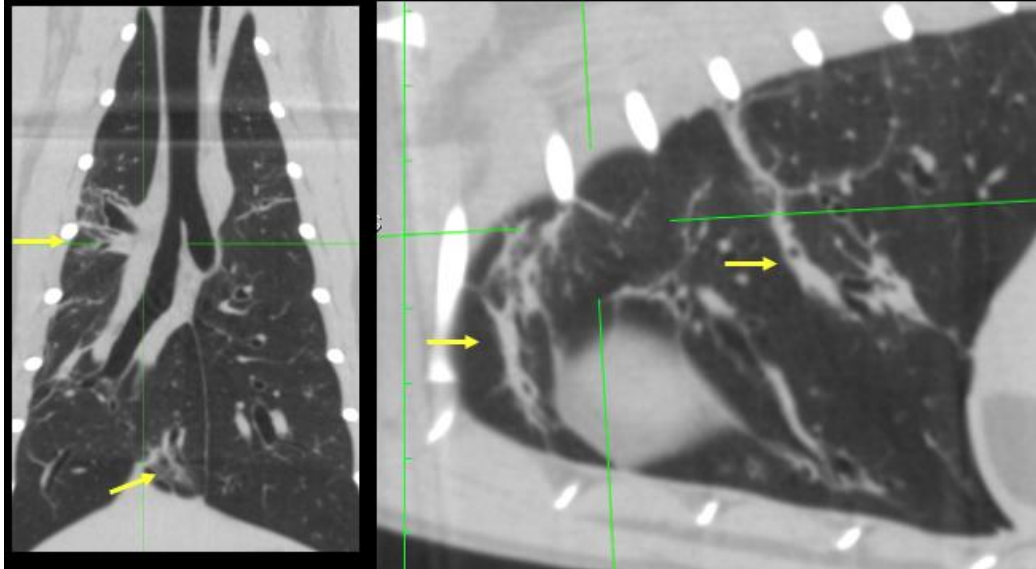
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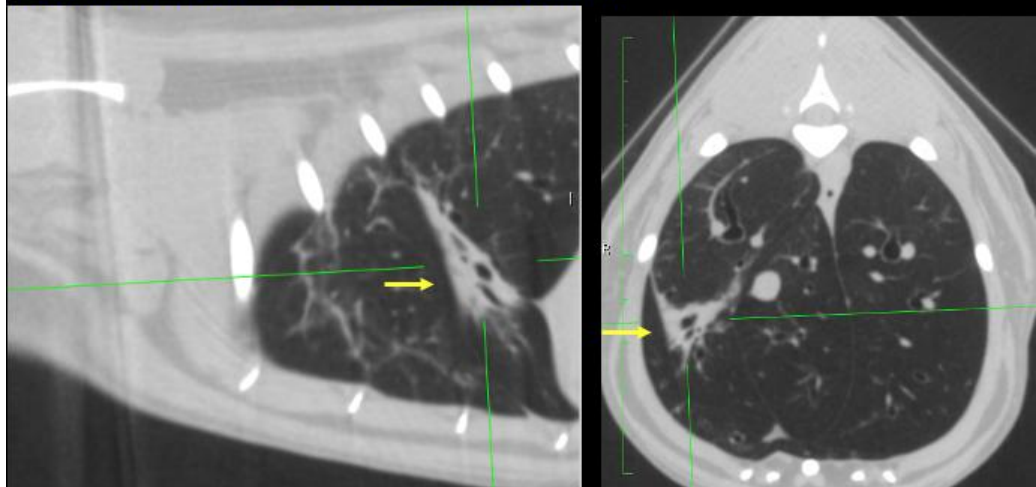
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### The bronchial wall thickening and discrete peripheral consolidation



### The bronchial wall thickening and discrete peripheral consolidation



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet  
[info@sonopath.com](mailto:info@sonopath.com)