



PATIENT

Poppy Baines

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Female

AGE

13Y

WEIGHT

4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Viktoria Gounari

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Viktoria Gounari

INVOICE

73919

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- Chest x-rays:
- Some areas of alveolar pattern (pneumonia vs atelectasia)
- Bronchial pattern specially in caudal lung lobes
- No obvious hyperinflation
- Increased radiopacity in mediastinum region cranial to cardiac silhouette.
- Bloods:
- Comments:
- Breathing pattern not compatible with cardiac disease.
- DDx alveolar pattern: atelectasia vs broncopneumonia vs neoplasia. Bronchial pattern would be more compatible with feline bronchitis/asthma.
- Would advise CT for further clarification.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of thorax are provided for review totaling 2 series. One pre-contrast series of the thorax, bone algorithm. One post-contrast series of the thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The trachea and mainstem bronchi are within normal anatomical limits.

There is diffuse bronchial wall thickening, more pronounced in the ventral lung regions. The bronchial tree maintains normal branching and tapering. The bronchial walls are smooth, and the bronchus-to-artery ratio is within normal limits.

Multifocal, mild ground-glass opacities are scattered throughout the pulmonary parenchyma, more prominent within the ventral regions. No pulmonary mass lesion is identified.

The caudal pulmonary arteries (right and left) appear subjectively enlarged.

The cardiac silhouette is within the upper limits of normal size and is positioned in contact with the sternum ("lazy heart" appearance).

There is a focal bulging contour of the ascending aorta.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

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

The thoracic esophagus is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse bronchial wall thickening, more pronounced in the ventral lung fields, associated with multifocal mild ground-glass pulmonary opacities. The primary differential diagnosis is chronic inflammatory lower airway disease (feline bronchitis/asthma). A superimposed mild inflammatory or infectious bronchitis and bronchopneumonia cannot be entirely excluded.
- Subjective enlargement of the caudal pulmonary arteries. Differential considerations include pulmonary hypertension (primary or secondary). Heartworm disease should be considered, particularly if the patient resides in an endemic area.



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- Focal bulging of the ascending aorta. Differential diagnoses include an incidental age-related change or secondary remodeling associated with systemic hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

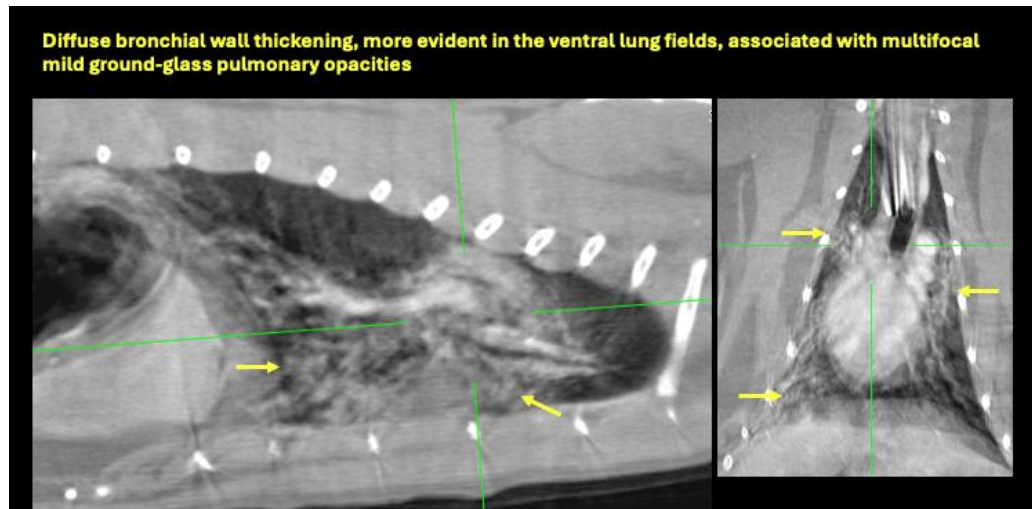
The tomographic findings demonstrate diffuse bronchial wall thickening, more pronounced in the ventral lung fields, associated with multifocal mild ground-glass pulmonary opacities. The primary differential diagnosis is chronic inflammatory lower airway disease (feline bronchitis/asthma). A superimposed mild inflammatory or infectious bronchitis and/or bronchopneumonia cannot be entirely excluded.

If the patient does not show clinical improvement with appropriate respiratory management, bronchoalveolar lavage (BAL) with airway sampling is recommended to further refine the diagnosis.

The subjective enlargement of the pulmonary arteries raises suspicion for pulmonary hypertension. Testing for heartworm disease should be considered, particularly if the patient resides in an endemic area. Systemic blood pressure measurement and echocardiographic examination are also recommended to further evaluate cardiac structure and function.

TECHNICAL COMMENTS

Moderate streak artifacts, beam-hardening artifacts, and motion artifacts are present. Overall image quality is considered moderate for interpretation.





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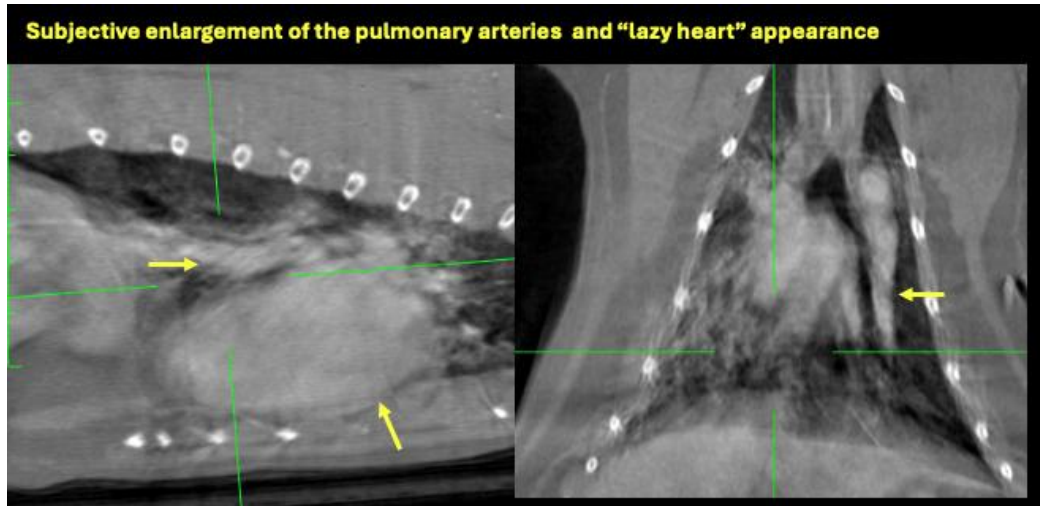
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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