

PATIENT

Finca Primeaux

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Armstrong

INVOICE

36470

DATE

3/31/26

PRESENTING CLINICAL SIGNS

History: The new radiology report differs from the original; the original report noted a mild pulmonary bronchial pattern, while the new one describes a more pronounced moderate to severe bronchial pattern (inflammation of the lower airways). There are continued multifocal, ill-defined pulmonary nodules that are now more pronounced in the right cranial lung lobe. In the original radiology report, the ill-defined nodules were most pronounced summing with the heart.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of the thorax is provided for review totaling 3 series. One pre-contrast series of the thorax (bone algorithm) and two post-contrast series of the thorax (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and main bronchi are within normal limits.

There is multifocal bronchial wall thickening affecting multiple pulmonary regions, with a predominantly peripheral distribution. Several bronchi demonstrate saccular bronchiectasis, characterized by rounded terminal bronchial dilatations resulting in a “grape-cluster” appearance. Moderate intraluminal mucoid impaction is also present.

Additionally, there is a mild multifocal ground-glass pulmonary opacity.

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

The cardiac silhouette and pulmonary vessels are within normal limits. Post-contrast vascular opacification is adequate.

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

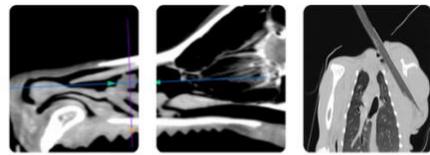
The thoracic esophagus is mildly air-distended, likely incidental.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal bronchial disease characterized by moderate to severe bronchial wall thickening, multifocal saccular bronchiectasis, and moderate mucoid impaction, “tree-in-bud” appearance. Differential diagnoses include chronic inflammatory lower airway disease, concurrent infectious bronchitis.
- Mild multifocal ground-glass pulmonary opacity, likely representing associated inflammatory/infiltrative/infectious bronchopneumonia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are most consistent with severe chronic lower airway disease, characterized by bronchial inflammation and remodeling associated with multifocal saccular bronchiectasis. The primary differential diagnoses include chronic feline inflammatory airway disease, such as feline asthma or chronic bronchitis, chronic infectious bronchitis, and parasitic airway disease, depending on the geographic and clinical context.



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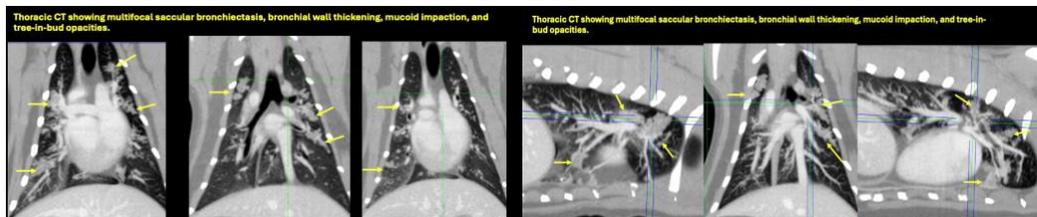
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Secondary bronchiectatic changes associated with prior recurrent airway disease and mucus accumulation should also be considered. The observed bronchiectatic changes, particularly the saccular bronchial dilatation, are typically considered irreversible and compatible with chronic structural airway remodeling.

The mild multifocal ground-glass opacity may reflect peribronchiolar inflammation, with differential considerations including concurrent bronchopneumonia or pneumonitis.

Clinical and imaging follow-up is recommended to monitor disease progression and response to therapy. If clinically indicated, further investigation may include bronchoalveolar lavage (BAL) with cytology and culture, as well as fecal examination (e.g., Baermann technique) or other appropriate parasite testing.



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