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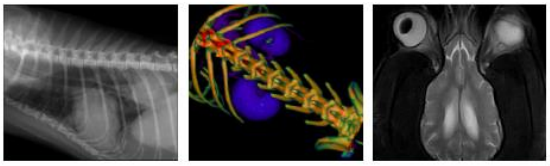

PATIENT

Milo Hussain

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

2 Years

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR

HOSPITAL NAME

ARC Animal Hospital

REFERRING VET

Dr. Hanna

INVOICE

20695

DATE

1/20/23

PRESENTING CLINICAL SIGNS

History: Sneezing with yellow discharge and coughing for a few months. Will clearing up with medication but will return once finished.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9 with a large amount of falciform fat.

The proximal humeral growth plates are partially open.

The degree of pulmonary expansion is good. The lungs are in contact with the thoracic boundaries and the tips are pointed. The cranial lobar vessels are obscured by the superimposed upper leg muscles. In right lateral recumbency the bronchial tree is well visible, and the walls are thickened. The right middle lobe is small and of soft tissue opacity.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. No chamber or outflow tract enlargement is evident.

A moderate amount of air is present in the stomach and also outlines the cranial cervical esophagus.

RADIOGRAPHIC DIAGNOSIS

- Bronchial pattern
- Right middle lobe syndrome

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On the VD/DV chest radiography the right middle lobe syndrome is characterized by a wedge-shaped density that extends laterally from the hilus of the lung. Poor collateral ventilation, overexpansion of the other lobes, a relatively narrow ostium, and infection/inflammation are all thought to play a role. The changes are highly suggestive of bronchitis, especially due to the regression while on antibiotic treatment. Differential diagnoses are eosinophilic infiltrate and pulmonary lymphoma; the right middle lobe syndrome can be associated with any of these diseases. Tracheo-bronchoscopy and broncho-alveolar lavage are recommended. Parasitic infections can be ruled out via fecal samples prior to that. During the same G.A. rhinoscopy should be carried out to obtain a sample because chronic rhinitis can cause pulmonary disease due to inhalation. CT is the imaging method of choice for the assessment of the degree of turbinate destruction, nasal occlusion as well as sinus and dental involvement.

TECHNICAL COMMENTS

Non-DICOM images were submitted. The transformation from DICOM to other formats reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports, I suggest submitting DICOM images in the future.

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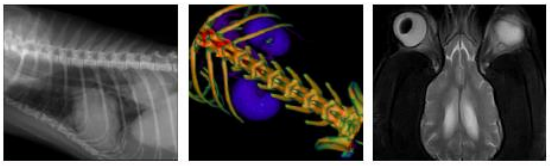

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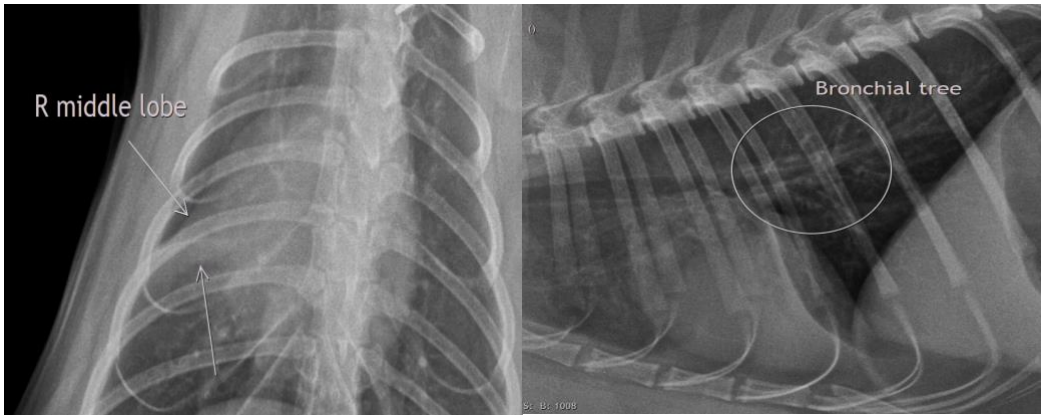

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com