



PATIENT PRESENTING CLINICAL SIGNS

Teddy Moffitt History: Presented for anesthesia for cyst removal. No complications during procedure, however, immediately upon recovery, pet started sneezing somewhat violently and slight wheezing. Small drop of blood from right nostril following sneezing fits. Pet is a diabetic.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: 12/12/21: CBC: RBC=6.75; Hgb=9.2 Chem: Glucose=253 (patient is a diabetic); SDMA=16; NOSF

BREED RADIOGRAPHIC STUDY OF THE THORAX

DSH The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

Spondylosis is present on some vertebrae.

SEX

Neutered Male The left lung lobes are reduced in size, show a generalized increase in opacity and a mediastinal shift to the left is present. In the left cranial thorax, a semicircular soft tissue opacity is evident between ribs 3-5 and seems to connect to the aorta at rib 5. The right middle lobe forms a small triangle on the VD view. In lateral recumbency the middle lobe is consolidated and the vascular outline, especially of the tertiary branches, is indistinct.

AGE

13 Years 8 Months Air is present in the cranial thoracic esophagus.

INTERPRETED BY

**Heike Rudolf, DVM,
Dr. med. Vet.,
DipECVDI DVR**

The cardiac silhouette is in contact with the sternum and the aortic arch is located level with ribs 4 on the lateral view. The cardiac silhouette occupies 75% of the chest height and approx. 2 intercostal spaces. No obvious chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Long Valley AH

- Consolidation right middle lobe
- Interstitial pattern
- Atelectasis left lung lobes
- Spondylosis

REFERRING VET

Russell Earl

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized interstitial lung pattern is a non-specific finding and accentuated by the left sided atelectasis. Possible differential diagnoses for a true infiltrate include:

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- Edema
- Infection (bacterial, fungal, viral, parasitic)
- Inflammation (allergic e.g. eosinophilic)
- Hemorrhage
- Fibrosis
- Tumor (e.g. lymphoma)



PATIENT

Teddy Moffitt

The right middle lobe syndrome is characterized by a wedge-shaped density that extends laterally from the hilus of the lung, which is best seen on the VD/DV chest radiography; poor collateral ventilation, overexpansion of the other lobes, a relatively narrow ostium, and infection/inflammation are all thought to play a role. The appearance of the respiratory problems after GA suggests a non-cardiogenic edema. However, an underlying disease may be present and thus the radiographs should be repeated in a couple of days (DV or VD first, to avoid lung lobe collapse). Should the changes still be present bronchoscopy with BAL should be considered.

SPECIES

Feline

Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.

BREED

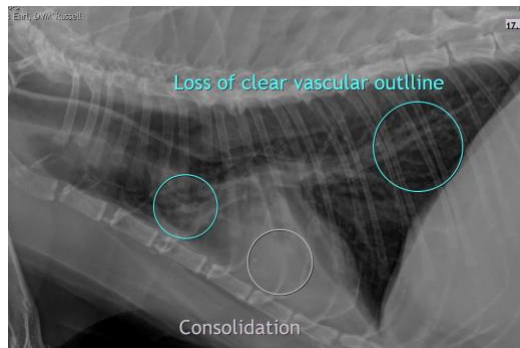
DSH

SEX

Neutered Male

AGE

13 Years 8 Months



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.

INTERPRETED BY

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Dr. med. Vet.,
DipECVDI DVR

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.

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dr.h.rudorf@gmail.com

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