



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Shaker El-Garhy
HISTORY: Owner came in today explaining that Shaker out of nowhere started foaming at the mouth and started to open mouth breathe/pant. On physical exam, loud crackle sounds in both lung fields. Heart sound was difficult to assess due to the volume of the lung sound, but after Shaker was put on oxygen, the heart sound was rapid but normal.

SPECIES Feline
ABNORMAL PE/CHEM/CBC/UA RESULTS: BW attached

RADIOGRAPHIC STUDY OF THE THORAX

BREED Persian
 The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity. The ribs are straight and equidistant.

SEX Neutered Male
 A gap is present between diaphragm and caudal heart border. The lungs are in contact with the thoracic boundaries and the tips are slightly rounded. A generalized, mixed lung infiltrate is present. In some regions the vascular outline is blurred and bronchi are highlighted, in others, air bronchograms run through a small, alveolar patch. Doughnuts and confluent nodules are also present.

AGE 4 Years
 In both right lateral recumbent views, a rounded soft tissue opacity is evident in the region of the cranio-ventral mediastinum between ribs 1 and 3. The trachea diverges from the thoracic vertebrae and the carina is located at T7. Esophagus and stomach are moderately distended with air.

INTERPRETED BY Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR
RADIOGRAPHIC DIAGNOSIS

- Dyspnea
- Gen. mixed pulmonary infiltrate
- Plump cardiac silhouette
- Possible/questionable cranial mediastinal mass

HOSPITAL NAME INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME Truscott AH
REFERRING VET Dr. Erini Abraham
INVOICE 22113
DATE 4/21/23

The pulmonary changes are severe and have resulted in secondary signs compatible with dyspnea. The mixed lung infiltrate can be due to pulmonary edema, hemorrhage, infection (e.g. parasitic) and inflammation (e.g. eosinophilic). The apparent nodules can represent confluent, localized alveolar consolidations, bronchial plugs or true nodules (e.g. granuloma, metastases). Shaker is a young cat with an acute onset of clear foam production coming from the mouth, thus pulmonary edema is the most likely reason. In case of hemorrhage the froth would have been at least slightly blood tinged. All other diseases worsen over a period of time with cough as the prevalent clinical sign. The positive response to oxygen supplementation supports the theory of edema though a coexisting eosinophilic disease cannot be ruled out. I thus suggest a sequential approach, starting with i.v. diuretic treatment and echocardiography to differentiate between non-cardiogenic due to e.g. an acute allergic reaction and cardiogenic edema due to cardiomyopathy. Echocardiography can be performed in sternal recumbency to allow aeration of all lung lobes thereby reducing the animal's stress level. Fecal samples should be examined for parasitic larvae as these could be causing the blood eosinophilia. Should diuresis be unsuccessful, obtaining a sample from the lungs would be the next step. However, the GA



PATIENT

necessary for a BAL might cause problems during recovery. Thus, sampling under ultrasound guidance is an option; alternatively, steroids could be given by way of trial.

Shaker El-Garhy

What appears to be a mediastinal mass is most likely the result of partial consolidation of the cranial lung lobe. Should this not disappear under treatment, further examinations are necessary (e.g. thoracic ultrasound or CT).

SPECIES

Feline

BREED

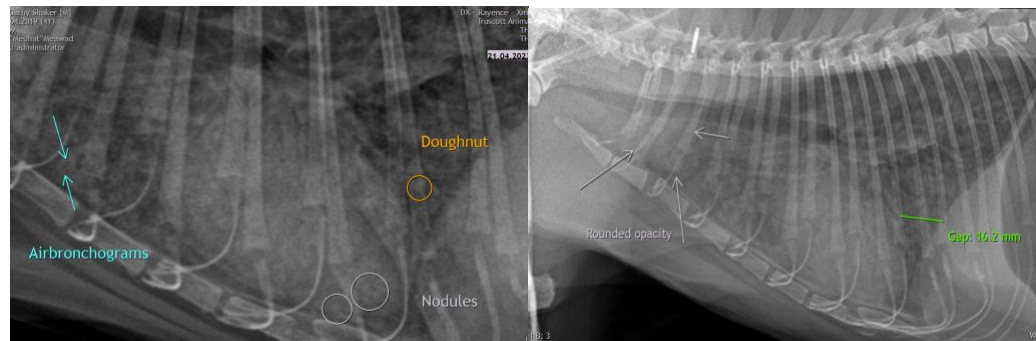
Persian

SEX

Neutered Male

AGE

4 Years



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.

INTERPRETED BY

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

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

HOSPITAL NAME

Truscott AH

REFERRING VET

Dr. Erini Abraham

INVOICE

22113

DATE

4/21/23