



PATIENT PRESENTING CLINICAL SIGNS

Jingles Stenson
SPECIES
 Feline

History: Patient presented for recheck today (July 15, 2022) for coughing. Has had cough for approximately 3 years, radiographs and bloodwork previously completed through a different clinic (we never received radiographs to review). First presented to us June 15, 2022 for senior checkup, with concerns of decreased appetite and chronic cough (non-productive, 1-2x per day). Bloodwork was completed and patient diagnosed with Stage II CKD. There has been no change in intensity or frequency of cough, coughing 1-2x per day. Radiographs taken at recheck July 15, 2022.

BREED
 DSH

Abnormal PE/Chem/CBC/UA Results: Increased respiratory rate, unable to hear lung sounds clearly in right dorsocaudal lung field, remainder of lungs sound diffusely harsh.

RADIOGRAPHIC STUDY OF THE THORAX

SEX
 Neutered Male

The body condition score is 5/9 with close contact between skin surface and lumbar dorsal spinous process.

The ribs are evenly spaced and run parallel to each other.

AGE
 14 Years

The cranial aspect of the right caudo-dorsal lung lobe shows a homogeneous and crescent shaped increase in soft tissue opacity on the lateral views, on the VD the lung between ribs 9 and 12 show a poorly delineated increase in opacity which touches the rib cage; small, mineralized specks are superimposed. The lobar vessels in the cranial lobes are prominent. Bronchial walls are calcified and show localized, peribronchial thickening. A small gap between caudal heart border and dome of the diaphragm is present. On the left lateral recumbent view a nodular opacity is superimposed onto the caudal heart border.

INTERPRETED BY

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

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. Air is present in esophagus and gastro-intestinal tract.

HOSPITAL NAME

Nagel & Co VS

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

RADIOGRAPHIC DIAGNOSIS

- REFERRING VET**
 Dr. Jordan Steedman
- Partial consolidation R caudo-dorsal lobe
 - Nodular opacity right middle lobe
 - Peribronchial infiltrate, mild
 - Bronchial mineralization
 - Air in esophagus

INVOICE

16667

DATE

7/15/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The partial consolidation in the right caudal lobe could be due to tumor infiltrate, collapse and/or chronic infection secondary to obstructive airway disease. The mineral specks could be unrelated to a disease process or secondary to chronic lower airway disease. The nodular opacity over the caudal



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heart border could represent a metastasis or bronchial plugging due to mucous accumulation. The peribronchial infiltrate is mild but may represent eosinophilic or infectious infiltrate. The position of the ribs on the lateral views and the gap between heart and diaphragm suggest a degree of expiratory dyspnea (as seen with feline asthma). Samples have to be obtained for a diagnosis. Due to the closeness of mass lesion and thoracic wall an ultrasound guided aspirate can be attempted. For a differentiation of pulmonary inflammation and infection, a broncho-alveolar wash is necessary.

SPECIES

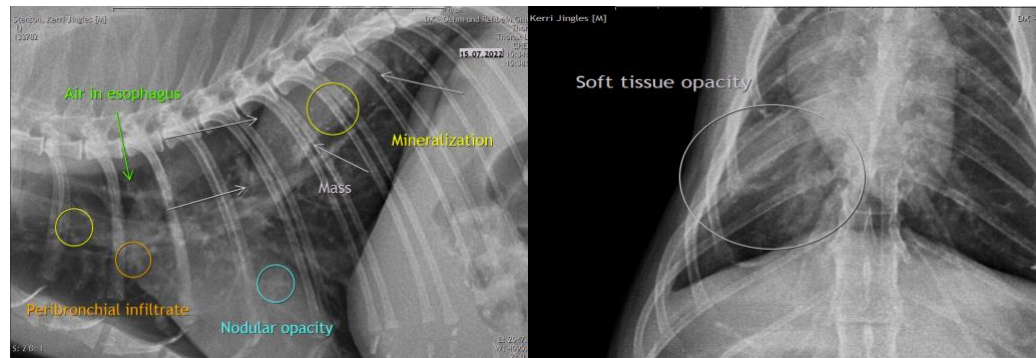
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AGE

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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.

INTERPRETED BY

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

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

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