



PATIENT

Rainey Frey

PRESENTING CLINICAL SIGNS

PRESENTED FOR: senior annual exam and sick pet exam for coughing and trouble breathing. HISTORY OF Feline reactive airway disease based on BAL and previous thoracic rads. Responded to Budesonide inhaler, however the owner discontinued it some time ago (o unsure). Feline interstitial cystitis. Chronic renal disease. REPORTED SYMPTOMS: Coughing and trouble breathing. Has had several small asthma coughing episodes. Started about a week ago (1/5/2022). VITALS: 17.68 # Temperature: Did not collect due to temperament Heart Rate: 156 bpm Respiratory Rate: 36 bpm Mucous Membrane Color: Pink Capillary Refill Time: <2 seconds CURRENT MEDICATIONS: Amitriptyline 1/4 tab once a day in the evening Revolution. EXAM FINDINGS: Normal respiratory sounds ausculted bilaterally. Normal rhythm and rate. No crackles or wheezes ausculted. No nasal discharge present. The heart sounds are normal on auscultation, with normal rhythm and rate. No murmur is detected. The capillary refill rate is normal. Average Systolic blood pressure 1/13/22 is normal at 129 mm HG. Obese with body score of 8/9. Dental disease. LAB RESULTS: Fecal float nps. Chemistry- elevated creatine at 1.6 with normal other results. CBC reveals 4% reactive lymphocytes. Urinalysis results reveal bilirubin 0.5 mg/dl, protein >300, with a pH of 6.0, and Specific Gravity: 1.040. Pro:Cr Ratio: >=0.4 to <2.0. Heartworm antibody test results pending. Urine histoplasmosis testing 2017 negative.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed

AGE

9 Years, 1 Month

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and dorsoventral views of the thorax totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

The patient is obese.

Abundance of retrosternal, mediastinal, falciform, and subcutaneous fat are seen.

Course and width of the trachea are considered within normal limits.

The degree of pulmonary inflation is fair. A moderate generalized bronchial lung pattern is noted. Moreover, soft tissue opaque nodules of 1.3 cm size and 2.5 cm size are seen in the position of the left caudal and right cranial lung lobes.

RADIOGRAPHIC DIAGNOSIS

- Nodular pulmonary opacities meeting neoplastic criteria.
- Bronchial lung pattern compatible with chronic lower airway disease.
- Obesity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals at least two nodular interstitial opacities within the lung meeting neoplastic criteria. Primary pulmonary neoplasia such as carcinoma is a potential as well as secondary neoplasia of the lung including sarcoma and round cell neoplasia. Granulomatous or other “benign” pulmonary pathology including abscesses can never be ruled out entirely but is considered by far less likely based on the radiographic findings and patient demographics.

INVOICE

49574

DATE

1-13-22

The bronchial lung pattern parallels the history of chronic lower airway disease.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Dr. Agnes Rupley



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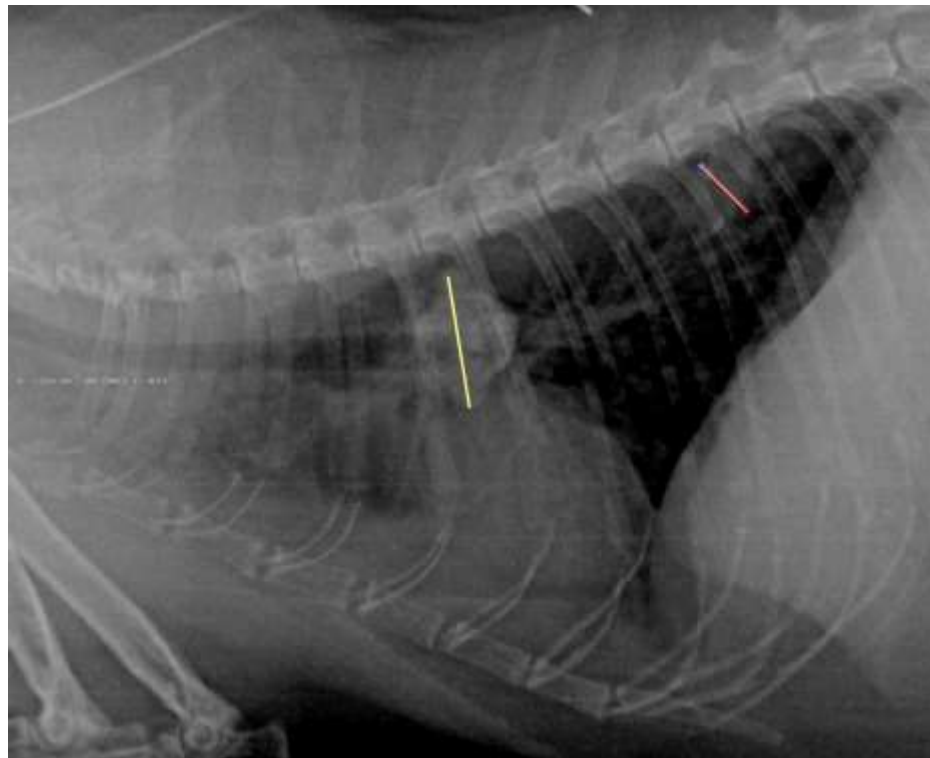
Dr. Agnes Rupley

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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.

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