



**PATIENT**

Inky Orr

**PRESENTING CLINICAL SIGNS**

Reason for Visit: ANNUAL History: DOING WELL NO CONCERNS.  
 Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no debris AU; No cough on tracheal palpation. Oral Cavity: heavy dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur, gallop rhythm, no crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 6/9 Neurological: Appropriate Assessment: gallop rhythm; dental tartar; overweight

**SPECIES**

Fel

**BREED**

DMH

**RADIOGRAPHIC STUDY OF THE THORAX**

**SEX**

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

**AGE**

13 Years

**RADIOGRAPHIC FINDINGS**

The lungs are deeply inflated. Mild expansion of the ribcage is noted.

A moderate generalized bronchial lung pattern with peribronchial cuffing is noted and evenly distributed throughout the lung.

Mild cranial rotation of the cardiac silhouette and aortic arch is seen and considered within age related normal limits. No significant enlargement of the cardiac silhouette is seen. There is no evidence of specific chamber enlargement or pulmonary vascular dilation.

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

There is no evidence of abnormal mediastinal widening.

The thoracic boundaries present within age related normal limits.

**RADIOGRAPHIC DIAGNOSIS**

- Moderate generalized bronchial lung pattern with mild air trapping.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals a generalized bronchial lung pattern with mild air trapping suggesting presence of allergic lower airway syndrome which may be subclinical. Infectious bronchitis such as viral, bacterial, parasitic, or protozoal is a theoretical but less likely differential diagnosis.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
 Hospital

**REFERRING VET**

Oldenhoff

**INVOICE**

54626

**DATE**

10-16-22



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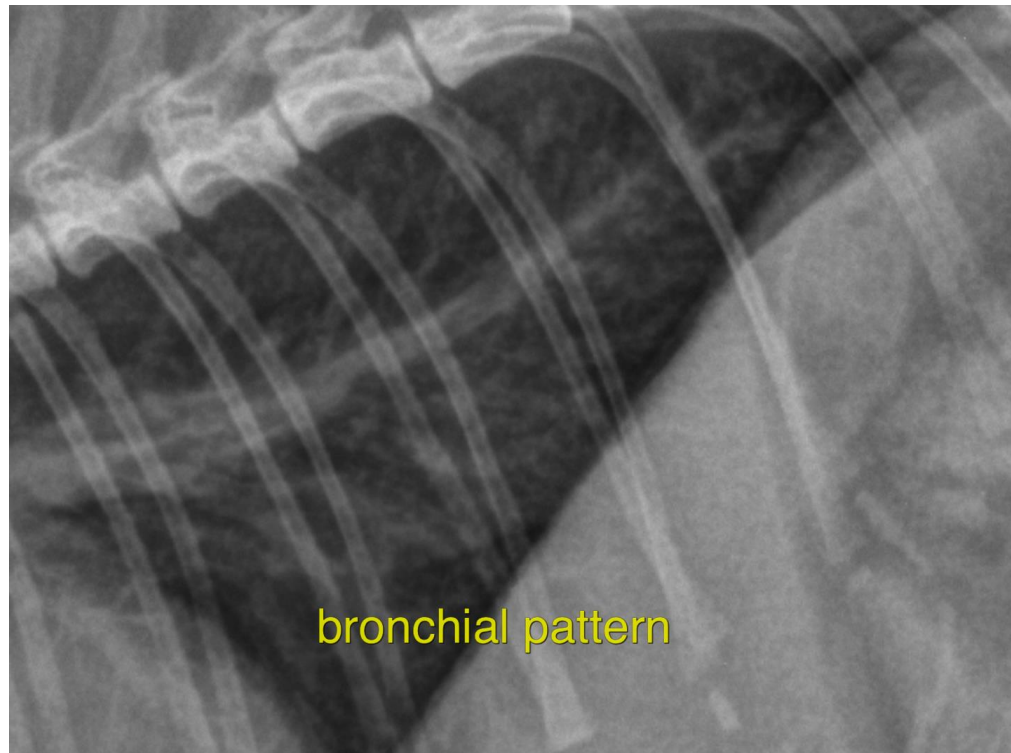
DMH

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SF

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Dr. med. Vet. DipECVDI

**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.**

**HOSPITAL NAME**

DPC Veterinary  
Hospital

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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