



**PATIENT**

Cecelia Rupley

**PRESENTING CLINICAL SIGNS**

THIS IS DOCTOR RUPLEY'S PET. We just submitted a double cavity ultrasound for interp. My cat here for routine senior annual and dental with no symptoms. Free fluid in abdomen on senior abdominal ultrasound. The left ventricle appeared thickened on quick view of the heart. Ultrasound guided aspirate performed to obtain abdominal fluid. Automated fluid analysis results: Source: u/s guided abdomenocentesis Color: light pink Appearance: hazy Specific Gravity: 1.015 Total Protein: 0.8 Automated Cell Count/uL: 0.01 PCV of fluid is 0%. I did not see anything unusual on cytology, however the slides were sent to an oncologist for evaluation. Chemistry and electrolyte panel results are normal. Chemistry and electrolyte panel results are normal. CBC reveals an eosinophilia. Urinalysis results reveal uro 2, protein trace, mod lipids, pH 6, and Specific Gravity: 1.037. Fecal float and T4 results pending.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**RADIOGRAPHIC STUDY OF THE THORAX**

**SEX**

Spayed Female

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

**RADIOGRAPHIC FINDINGS**

Patient has a history of presumably recent development of ascites.

**AGE**

8 Years, 5 Months

The degree of pulmonary inflation is moderate. A moderate generalized bronchial lung pattern is noted and evenly distributed throughout all lung lobes. Peribronchial foci of mineralization are seen within the left and right caudal lung lobes with multifocal distribution.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The radiographic presentation of the cardiac silhouette is within normal limits. The vertebral heart score is 8.3 reference range up to 8.5. No specific chamber enlargement is noted radiographically and there is no evidence of a vascular lung pattern.

The mediastinum is of normal width. No significant mass effect is seen.

**HOSPITAL NAME**

All Pets Medical  
Center

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

The thoracic boundaries present within normal limits.

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Agnes Rupley

- Bronchial lung pattern with multifocal peribronchial mineralization.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals a bronchial lung pattern with multifocal peribronchial mineralization. Peribronchial mucinous gland mineralization is considered the most likely cause of the mineralization foci with underlying allergic lower airway syndrome being a primary differential diagnosis. Infectious bronchitis such as viral, bacterial, parasitic, or protozoal, and irritant bronchitis cannot be ruled out entirely as potential but less likely differential diagnoses. Further definition could be pursued in case of coexisting pertinent clinical signs. The radiographic changes however may not be of clinical significance at this point.

**INVOICE**

54693

**DATE**

10-18-22



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**SPECIES**

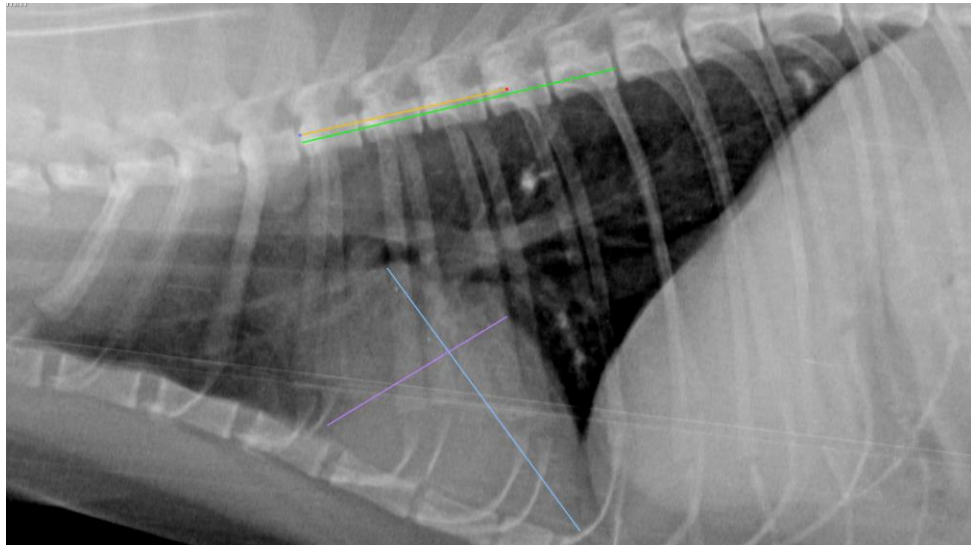
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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