

**PATIENT**

Gwennie Guiliano

PRESENTING CLINICAL SIGNS

Chronic upper respiratory signs. Mild improvement with azithromycin
Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and dorsoventral views totaling 3 images available for review in jpeg format.

BREED

DSH

Only jpg images were submitted. The transformation from DICOM to jpg only allows for limited manipulation of the image. For the best possible results, we suggest submitting DICOM images in the future. Please do not hesitate to contact us should you need any help with the submission process.

RADIOGRAPHIC FINDINGS**SEX**

The patient is mildly obese.

FS

Multiple spondyloses are seen within the thoracolumbar spine.

AGE

13 Years

The degree of pulmonary inflation is moderate. Mild ventral divergence of the intercostal spaces is seen.

A moderate generalized bronchial lung pattern is noted with peribronchial cuffing and a tree-in-bud pattern accentuating the cranial and ventral lung.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The radiographic presentation of the cardiac silhouette is within normal limits.

There is no evidence of abnormal mediastinal widening.

HOSPITAL NAME

Foxfield Veterinary
Services

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

The esophagus is not seen.

RADIOGRAPHIC DIAGNOSIS

- Chronic active lower airway pattern with tree-in-bud presentation.

REFERRING VET

A. Rodriguez

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are compatible with chronic lower airway disease. Allergic feline lower airway syndrome is considered by far most likely; however, with the pertinent findings, the tree-in-bud pattern is typically due to bronchiectasis and mucus plugging. Infectious bronchitis such as viral, bacterial, parasitic, and protozoal cannot be ruled out entirely as a differential diagnosis.

INVOICE

48173

DATE

11-2-21



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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.

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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.

BREED

DSH

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