



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Booksie Arviso
SPECIES Feline
BREED Domestic Shorthair

Patient presented for recurrent upper respiratory issues for the past 4 months, Patient has been breathing heavier and at times it seems that he is having trouble breathing and has coughing fits at night, Os took P to rDVM and were told that lungs look cloudy and some air pockets were seen, 2nd rDVM told Os that P seemed to have bronchitis and were given antibiotics which P has only had a few doses, yesterday, P started to cough more often and sounded congested, P would also stay in one place and drool and start defecating without realizing it, P would take a few minutes to go back to normal and would start off walking off balance, normal E/D, no S/V/D.
 Abnormal PE/Chem/CBC/UA Results: BAL cytology & C/S pending to the lab Baermann pending fecal collection FIV/FelV/HwT - all negative UA last month at rDVM - NSF CBC/CMP - WNL, NSF

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

SEX

MN

COMPUTED TOMOGRAPHIC FINDINGS

A small amount of subcutaneous gas is present in the cranial paralumbar area on the right side.

AGE

6 Years, 3 Months

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The cardiovascular structures including the pulmonary vasculature are within normal limits.

HOSPITAL NAME

South Bay Animal
 Hospital & Pet Resort

A severe bronchial lung pattern with peribronchial cuffing and multiple interstitial bands is seen with even distribution throughout the lung. Moreover, a cranioventrally accentuated mixed lung pattern is noted and also accompanied by multiple interstitial bands resulting in a honey combing appearance of the pulmonary parenchyma. Occasional peripheral polygonal shaped consolidation of the pulmonary interstitium is seen as well as multiple cylindrical bronchiectasis and occasional thin walled gas filled cavitory lesions. There is no evidence of concurrent mediastinal lymphadenomegaly.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

REFERRING VET

Ravinder Atwal, DVM,
 CCRP

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic bronchointerstitial lung disease with multiple cylindrical bronchiectasis and interstitial scarring as well as pulmonary bullae.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are suggestive for chronic bronchointerstitial disease with irreversible interstitial scarring and bronchiectasis. Overall reduced pulmonary compliance is likely. The changes may predispose to recurrent inflammation and/or superinfection. The underlying causes include recurrent lower airway syndrome, infectious bronchitis including viral, bacterial, parasitic, and protozoal, as well as idiopathic pulmonary fibrosis. Further definition by means of airway endoscopy with bronchoalveolar lavage has been performed already

DATE

12-1-21



PATIENT

Booksie Arviso

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.

SPECIES

Feline

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

Domestic Shorthair

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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