



PATIENT

Milky Way Hall

PRESENTING CLINICAL SIGNS

P started having trouble breathing about a week ago. Became worse last night. Abnormal PE/Chem/CBC/UA Results: No bloodwork done. X-ray - suspect collapsed left lung secondary to hernia. On US I cannot find a fluid space - just heart and liver.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal whole body views totaling 3 images available for review.

BREED

DSH

Thoracic read requested.

SEX

MN

RADIOGRAPHIC FINDINGS

The extensive atelectasis of the left lung accentuating the left cranial lung lobe is seen with cardiac shift towards the left side. The inflation of the left caudal lung lobe appears to be partially maintained. The right lung is fully inflated and presents a moderate generalized bronchial pattern. Presence of a mild amount of pleural effusion in the left hemithorax cannot be ruled out entirely.

AGE

10 Years

The outline of the diaphragm is not entirely seen to the left of the midline; however, all abdominal structures including stomach and liver are seen within the abdomen.

The cardiac silhouette presents within normal limits. A pericardial fat stripe is seen.

Mild dorsal lift of the xiphoid of the sternum is noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

There are multiple moderate to severe ventrally bridging spondyloses in the mid and caudal thoracic spine.

RADIOGRAPHIC DIAGNOSIS

- Complete lobar atelectasis of the left cranial lung lobe.
- Suspect partial atelectasis of the left caudal lung lobe.
- Bronchial lung pattern.
- No thoracic displacement of abdominal viscera seen.
- Multiple spondyloses.
- Xiphoid lift.

HOSPITAL NAME

Grove Veterinary
Clinic

REFERRING VET

Dr. Luna

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the thorax reveals complete lobar atelectasis of the left cranial lung lobe affecting its cranial and caudal subsegments. Partial atelectasis of the left caudal lung lobe appears to be present as well. The inflated (right) lung presents a moderate bronchial lung pattern. No definitive diaphragmatic defect is seen. Presence of a mild amount of pleural effusion cannot be ruled out. Correlate with the ultrasound which appears to be negative for thoracic fluid. There is no evidence of a mass effect within the thorax. No pulmonary nodules or masses are seen. One primary differential diagnosis would be either allergic or infectious bronchitis with mucus plugging of the left lobar bronchi and secondary lobar atelectasis. However, integrity of the diaphragm cannot be ascertained completely and further definition by means of thoracic ultrasound (consider external interpretation of the available image material or repetition of the study) or thoracic CT could be considered.

INVOICE

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DATE

12-27-21



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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.

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.

HOSPITAL NAME

Grove Veterinary
Clinic

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