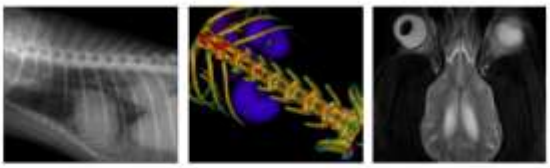

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Minato Cheladon

SPECIES

Feline

BREED

Tabby

SEX

Male Neutered

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Truscott Animal Hospital

REFERRING VET

Medhat Meawad

INVOICE

48903

DATE

12-8-21

PRESENTING CLINICAL SIGNS

Cat has history of wheezing and upper respiratory discomfort for the past 2+ years.

RADIOGRAPHIC STUDY OF THE HEAD & THORAX

Lateral and oblique views of the head and lateral and ventrodorsal views of the thorax totaling 7 images available for review.

RADIOGRAPHIC FINDINGS

Head

An area of reduced turbinate delineation is noted within the mid third of the nasal cavities. No evidence of aggressive bone lesions is seen.

The frontal sinuses and tympanic bullae appears to be aerated.

Thorax

Early caudal thoracic spondyloses are present.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Suspect increased soft tissue opacity within the mid third of the nasal cavity.
- Radiographically normal presentation of the lung and bronchial tree.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings suggest potential for inflammatory/infectious upper airway pathology. There is no overt evidence for an aggressive bone lesion at this point. Consider further definition

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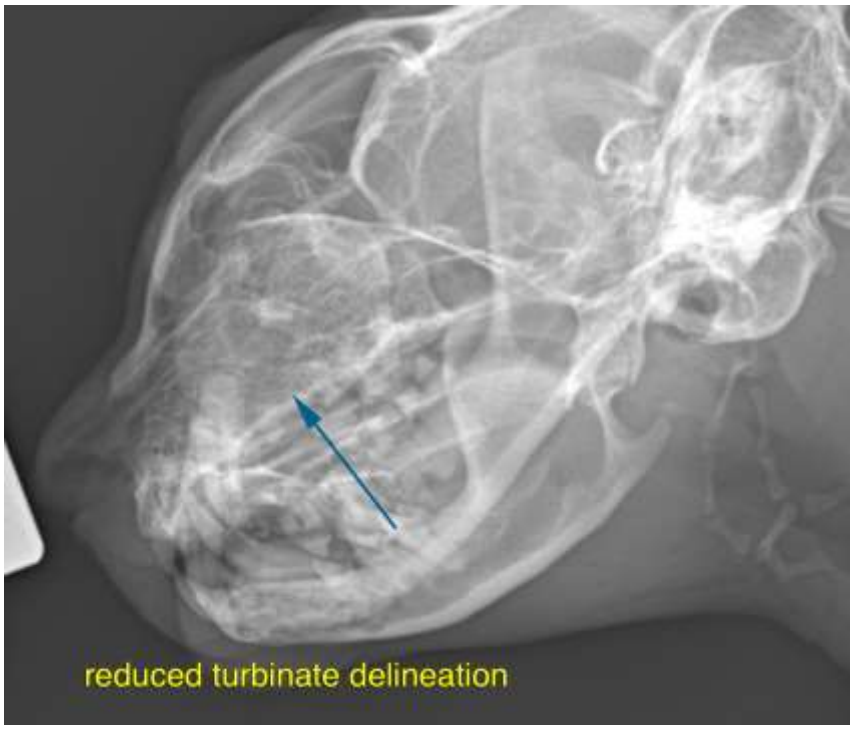
by means of rhinoscopy and sampling if not performed already. CT could be considered in order to further define the structural changes of the nasal cavity if available.

There is no radiographic evidence of concurrent lower airway or pulmonary disease.



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.

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