



PATIENT PRESENTING CLINICAL SIGNS

Sadie Scherwinski

Sadie presented with a 4-5 year history of intermittent asthma/coughing attacks. Diagnosed with asthma October 2021, but likely going on much longer. Last asthma attack was 5 days ago.

SPECIES

Feline

Radiographs were taken 2/15/22 and radiologist report provided. Breathing has improved since increasing prednisolone to 5 mg SID. Previous diagnosis: Hyperthyroidism - I-131 radiation, IBD past 1.5 years. Coughing/ hacking: Coughing Sneezing/ reverse sneezing: No Difficulty breathing: Sometimes, especially after coughing. Breathing when asleep: Yes Exercise intolerance: Sometimes if running too fast it will trigger an asthma attack. Current medication: prednisolone (5 mg SID), terbutaline (2.5 mg? 1/2 tab BID), Flovent Inhaler (fluticasone), Albuterol Inhaler. No significant improvement other than when the prednisolone dose was recently increased. Current symptoms: Intermittent asthma attacks, occasionally different noises when she breathes.

BREED

DSH

General health status: Good appetite, energy levels may be a little decreased but not significant.

SEX

SF

Abnormal PE/Chem/CBC/UA Results: PE: She is obese. Respiratory rate is elevated at 72 breaths/min. Lung sounds are normal. SPO2 in room air is 86%. Lab: Bloodwork is dated 2/16/22. CBC - PCV = 46%, WBC = 6200, neutrophils = 4278, lymphocytes = 1240, monocytes = 310. Platelets = 153,000. Chemistry - Triglycerides = 286, all else normal. T4 = 0.5. Urinalysis - USG = 1.023, pH = 6.0, 2+ protein, WBC = 0, RBC = 2-3/hpf, no bacteria. Microalbuminuria = 14.5.

AGE

14 Years

Bronchoscopy Findings: The lower respiratory tract is imaged using a 5 mm flexible video bronchoscope under light sedation. The bronchoscope is cleanly passed through the larynx into the trachea. Tracheal mucosa is smooth and light pink. Seromucoid discharge is present. The dorsal tracheal membrane is tight and tracheal cartilages are round. There is no evidence of tracheal collapse. The carina and bronchial bifurcations are sharp. Mainstem bronchi are open. Several smaller bronchi are fluid filled. There is mild bronchial collapse. Bronchoalveolar lavage is performed in the right caudal lung lobe using a suction trap and a sterile aspiration catheter. Material is prepared for cytology and culture.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDF

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

HOSPITAL NAME

VetMed Consultants

COMPUTED TOMOGRAPHIC FINDINGS

The patient is severely obese.

REFERRING VET

Kanda Hazelwood

The CT study reveals a severe bronchial lung pattern. Almost all visible 3rd and higher order bronchi and multiple 2nd order bronchi are filled with fluid attenuating contrast negative material. The bronchial walls are dilated with cylindrical and saccular patterns. Extensive tree-in-bud patterns compatible with branching mucus plugging are noted within the right cranial lung lobe and right caudal lung lobe. Complete lobar atelectasis with fluid filled bronchi is noted for the right middle and left cranial lung lobes as well as the accessory lung lobe. The left caudal lung lobe is partially aerated. Dorsal segmental atelectasis is noted with air filled bronchi. The aerated lung regions present hyperlucency and overinflation.

INVOICE

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No evidence of mediastinal lymphadenomegaly is seen.

DATE

2-23-22

There is no evidence of cardiovascular pathology.



PATIENT

Sadie Scherwinski

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic lower airway disease with severe and multifocal bronchial mucus plugging, severe multifocal lobar atelectasis, severe bronchiectasis, and air trapping.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are typical for chronic and severe feline asthma with bronchial mucus plugging, bronchiectasis, and multifocal lobar atelectasis of the lung as well as air trapping due to obstruction of the lower airways. The changes are severe and extensive and likely to be irreversible as well as being associated with decreased mucociliary clearance rates. Prognosis is guarded.

BREED

DSH

SEX

SF

AGE

14 Years

INTERPRETED BY

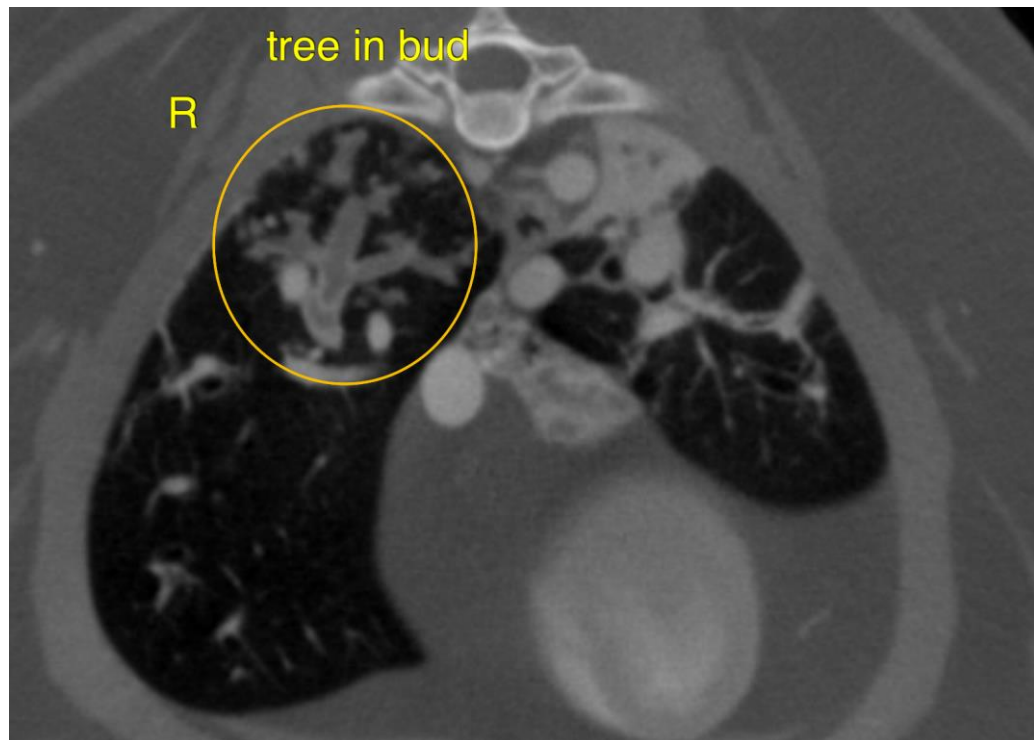
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HOSPITAL NAME

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REFERRING VET

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PATIENT

Sadie Scherwinski

SPECIES

Feline

BREED

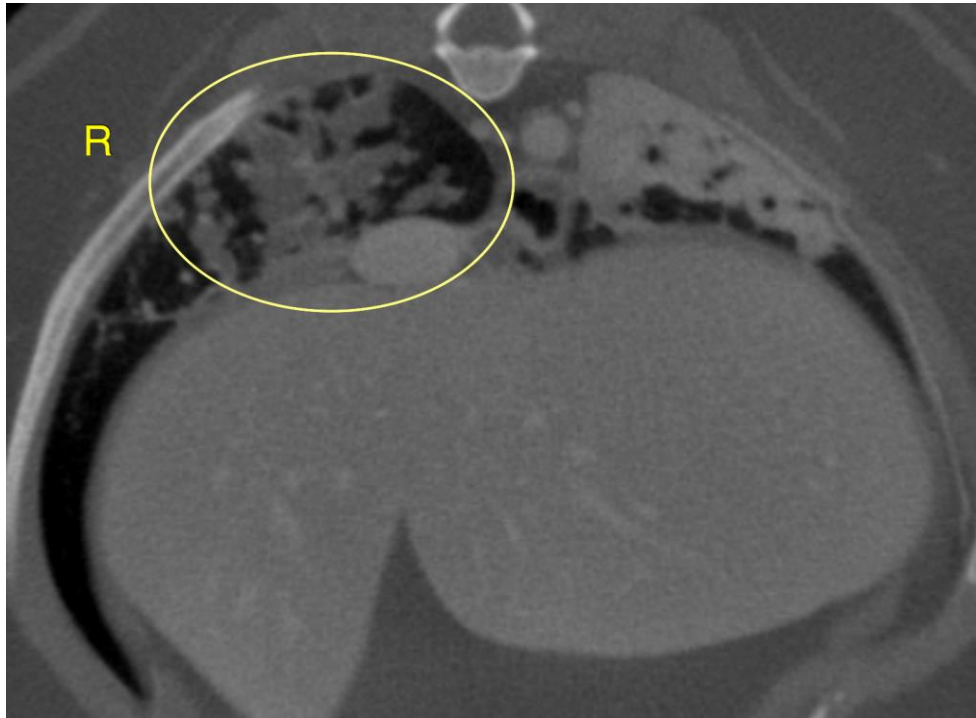
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AGE

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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.

HOSPITAL NAME

VetMed Consultants

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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