



PATIENT PRESENTING CLINICAL SIGNS

Nala Santschi
Presented 1/7/22 with respiratory distress and not eating. Gave 0.3 ml. dexamethasone injection. Prescribed transdermal pred. presented for acute increase in RR/RE noted within 20 minutes after administration of her TD Prednisolone. Reviewed prior xrays and bloodwork with O, discussed cardiac Dz vs pulmonary - advised for now to stop prednisolone, administered 0.3ml Lasix IM. Repeated 2 days of lasix injection, owner unable to medicate at home. Showed improvement. Presented 2/8/22 with respiratory distress again.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

RADIOGRAPHIC STUDY OF THE THORAX

Right lateral and ventrodorsal views totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

The chest is expanded. The degree of pulmonary inflation is moderate.

A severe generalized peribronchial increase in interstitial pulmonary opacity with an underlying bronchial lung pattern is seen.

The assessment of the cardiac silhouette is obscured; however, no overall cardiomegaly and no atrial enlargement is noted.

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

There is no evidence of abnormal mediastinal widening.

The left kidney appears to be mildly enlarged. The right kidney is not clearly seen.

Mild gastric aerophagia is noted.

HOSPITAL NAME

Summit Dog & Cat
Hospital

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern with severe peribronchial cuffing.
- No radiographic evidence of cardiomegaly or atrial enlargement.
- Suspect left sided renomegaly.
- Obscured right kidney.

REFERRING VET

Dr. Raj Kachum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the radiographs, there is no evidence for congestive heart failure.

INVOICE

50182

DATE

2-8-22

The radiographic findings suggest presence of severe active lower airway disease with peribronchial interstitial involvement. Consider infectious bronchopneumonia such as viral, bacterial, and less likely parasitic and protozoal a potential as well as acute on chronic allergic bronchopneumopathy. The latter is considered less likely based on the history of lacking response to treatment with corticosteroids. Adverse reaction to corticosteroids with congestive cardiac failure cannot be ruled out entirely but is thought unlikely based on the radiographic findings. A cardiac echo is recommended if possible.

Consider abdominal ultrasound to further evaluate for potential renal changes when applicable.



PATIENT

Nala Santschi

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.

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

DSH

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