



PATIENT PRESENTING CLINICAL SIGNS

Kula Velasco
 p presents for dental consult. o interested in NAD but not sure if p is a candidate. o states within last 6 months she notices when p is eating he will drop pieces from his mouth like hes having a harder time chewing. o mentions teeth look yellow towards the back and p's breath is getting bad. otherwise p doing well at home O states that pet had labwork in Oct but does not want to give the name of the clinic.

SPECIES

Feline
 Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge lens opacity OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: grade 1

BREED

DSH
 dental tartar present on left side, grade 2-3 on right maxillary (lingual and buccal aspects), no oral lesions or ulcerations Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Normal ambulation, no lameness noted. Generalized mild muscle atrophy BCS 4/9 Neurological: Appropriate

SEX

NM

RADIOGRAPHIC STUDY OF THE THORAX

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

AGE

14 Years

RADIOGRAPHIC FINDINGS

Multiple mild to moderate spondyloses are seen throughout the mid thoracic spine.

Luxation of the sternum between the 5th and 6th sternebra is seen.

The degree of pulmonary inflation is deep. A mild generalized bronchial lung pattern with occasional peribronchial cuffing is seen and evenly distributed throughout the lung.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
 Hospital

Cranial rotation and redundancy of the aortic arch are noted which are normal age related changes.

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

No evidence of mediastinal widening is noted.

REFERRING VET

Dr. Duke

The stomach is post-prandial.

RADIOGRAPHIC DIAGNOSIS

INVOICE

50642

- Mild bronchial lung pattern.
- Multiple spondyloses.
- Chronic sternal luxation.

DATE

3-1-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals a mild bronchial lung pattern. The changes may be within age related normal limits, however, low grade lower airway disease such as allergic or infectious cannot be ruled out entirely. Further definition would be indicated in case of pertinent clinical



PATIENT

signs.

Kula Velasco

The sternal luxation is likely to stem from prior trauma and unlikely to be of clinical significance.

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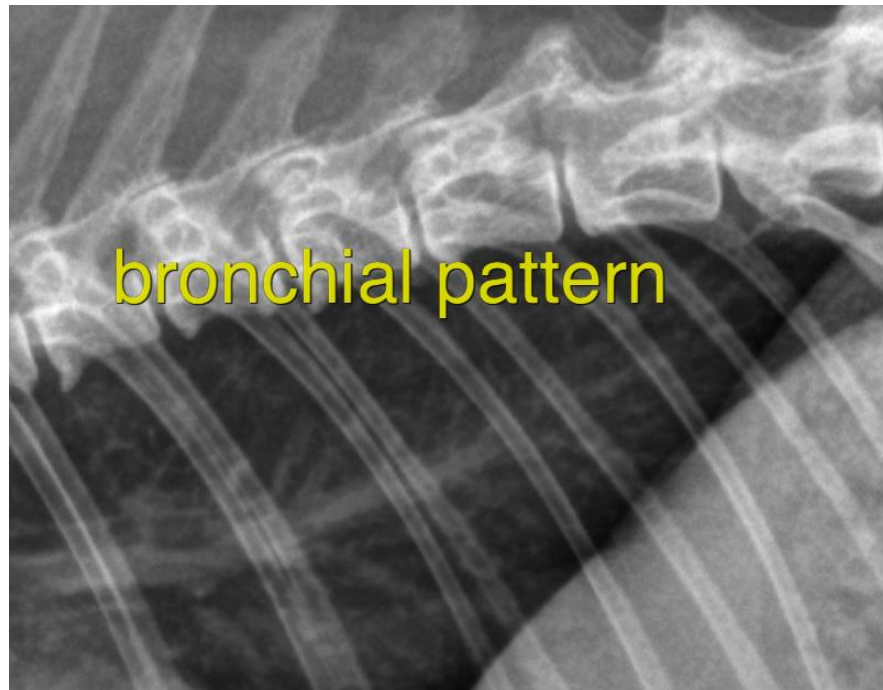
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

REFERRING VET

Dr. Duke

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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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