



PATIENT

Penny Vizentine

PRESENTING CLINICAL SIGNS

Presented for several month hx of increased respiratory rate/effort which has so far not responded to inhalers, bronchodilators, oral steroids, lasix, or antibiotics. Oral exam under anesthesia was normal.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies available for review.

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Head

SEX

FS

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

AGE

10

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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Referral Hospital

The salivary glands present within normal limits.

The dentition presents within normal limits except for acquired hypodontia and mild multifocal resorptive changes of the tooth roots.

REFERRING VET

Dr. Runde

Thorax

The CT study reveals multiple regional wedge shaped interstitial ground glass opacities as well as multiple subpleural and interstitial bands. A generalized bronchial lung pattern and multifocal cicatrization bronchiectasia is noted resulting in overall mild dilation of the bronchi which present mild to moderate thickening of their walls. Occasional small rounded interstitial infiltrates are seen as well.

INVOICE

57264

DATE

3-15-23

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.



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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Moderate bronchointerstitial lung pattern with multiple subpleural and interstitial scarring and multifocal cicatrization bronchiectasia.
- Normal CT findings of the nasal cavities and paranasal sinuses.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for pulmonary fibrosis with multifocal interstitial and subpleural scarring being associated with multifocal cicatrization bronchiectasia. Reduced pulmonary compliance has to be assumed. Underlying bronchopulmonary disease such as chronic allergic bronchopneumopathy or infectious bronchitis/bronchopneumonia is considered likely. However, a majority of the fibrotic changes are likely to be irreversible and reduce the pulmonary compliance permanently. Idiopathic fibrosis is a potential but less likely differential diagnosis. The medical treatment may aid in alleviating the signs of inflammation and/or superinfection as present. The occasional small rounded interstitial opacities with nodular appearance are likely to represent fibrotic nodules. Infiltrative disease such as with round cells or metastases can never be ruled out entirely but appears very unlikely in this case.

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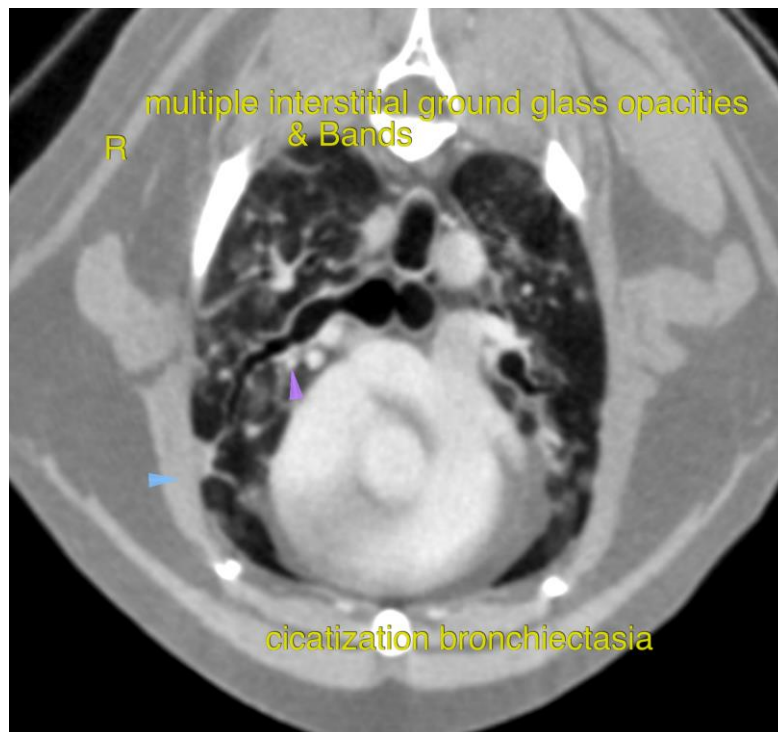
Dr. Runde

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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.

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.

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