



**PATIENT**

Mia Kareh

**PRESENTING CLINICAL SIGNS**

anorexic x 4 d. Down in hind end x 2 d. Today present non ambulatory and depressed. No pain evident. Neurologic in fore and hind.  
Abnormal PE/Chem/CBC/UA Results: Laterally recumbant. Neurologic. Thin.

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral, ventrodorsal, and oblique whole body views totaling 4 images available for review.

**BREED**

Siamese

Thoracic read requested.

**RADIOGRAPHIC FINDINGS**

**SEX**

FS

The patient is in thin body condition.

Multiple spondyloses are seen throughout the thoracic spine.

The degree of pulmonary inflation is deep.

**AGE**

13 Years

A mild generalized bronchial lung pattern is noted and evenly distributed throughout the lung.

Cranial rotation of the cardiac silhouette and redundancy of the aortic arch are seen and within age related normal limits. There is no evidence of cardiomegaly or atrial enlargement.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

There is mild esophageal aerophagia creating tracheal stripes which is an incidental finding.

Moderate gastrointestinal aerophagia is noted.

**HOSPITAL NAME**

Pinebrook Animal  
Hospital

The abdominal viscera present within normal limits except for the extensive gastrointestinal aerophagia.

**RADIOGRAPHIC DIAGNOSIS**

- Extensive esophageal and gastrointestinal aerophagia.
- Mild bronchial lung pattern.
- Multiple spondyloses within the thoracic spine.

**REFERRING VET**

Dr. Britt Dubil

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic presentation of the cardiac silhouette is within age related normal limits. No evidence of atrial enlargement is seen.

**INVOICE**

51491

The bronchial lung pattern is mild and may as well be within age related normal limits. Low grade lower airway disease such as allergic or infectious cannot be ruled out entirely. Further definition should only be pursued in case of pertinent clinical signs.

**DATE**

4-12-22

The aerophagia may be due to stress and/or pain related.



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**HOSPITAL NAME**

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**REFERRING VET**

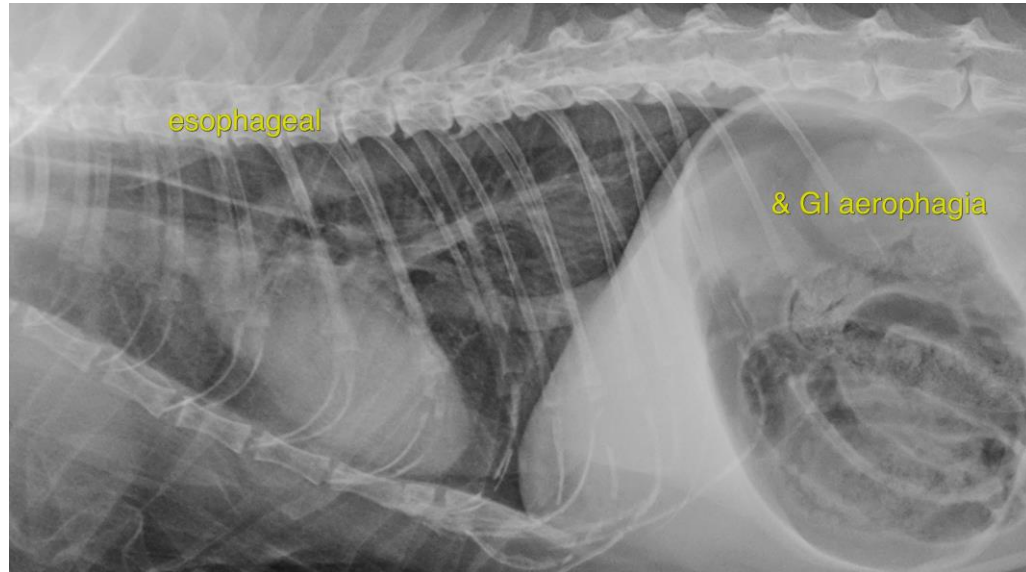
Dr. Britt Dubil

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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.

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