



PATIENT

Blue II Jeanrie

PRESENTING CLINICAL SIGNS

2 intermittent episodes of respiratory distress - sudden would wake up and unable to breath - last about 2 min; on exam intermittent wheezing of the right cranial lung field; does have Gr 3/6 cardiac murmur - has had since birth; proBNP 6 mos ago was normal ;
 Abnormal PE/Chem/CBC/UA Results: last lab Nov 2021 - all WNL including TT4 and proBNP
 x-rays - attached from today

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

BREED

British Shorthair

Right/left lateral and ventrodorsal views totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

SEX

MN

Severe ventrally bridging spondylosis deformans with collapsed intervertebral disc space is seen within the thoracic spine between T9 and T10.

AGE

12.5 Years

Early spondylosis deformans is present between T1 and T2, and T3 and T4.

The degree of pulmonary inflation is deep. Mild flattening of the diaphragmatic cupola is seen. The lumbodiaphragmatic angles are wide. The ribcage is mildly expanded.

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

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Mild cranial rotation of the cardiac axis and redundancy of the aortic arch are noted and considered within age related normal limits. There is no evidence of cardiomegaly or atrial enlargement.

There is a moderate generalized bronchial lung pattern with even distribution throughout the lung. Multiple ovoid mineral opaque structures are seen within the cranial and ventral aspect of the right cranial lung lobe.

HOSPITAL NAME

Petworks Veterinary
 Hospital

A right kidney is not seen.

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Trudeau

- Moderate generalized bronchial lung pattern with mild air trapping and bronchomicrolithiasis in the right cranial lung lobe.
- No radiographic evidence of cardiovascular pathology.
- Absent right kidney - suspect aplasia/hypoplasia.
- Spondyloses - unrelated to the reason of presentation.

INVOICE

51669

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings suggest presence of chronic lower airway disease. Differential diagnosis includes allergic lower airway syndrome and less likely infectious bronchitis such as viral, bacterial, parasitic, or protozoal. Bronchomicrolithiasis is commonly seen in patients with feline asthma as a consequence of chronic inflammation of the lower airways. The mineralizations are not of clinical significance per say and should not be considered a sign of malignancy.

DATE

4-21-22



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Lower airway endoscopy with airway sampling would be ideal to further define the underlying cause of the inflammation / infection. A clinical trial of treatment for feline asthma could be considered an alternative.

SPECIES

Feline

BREED

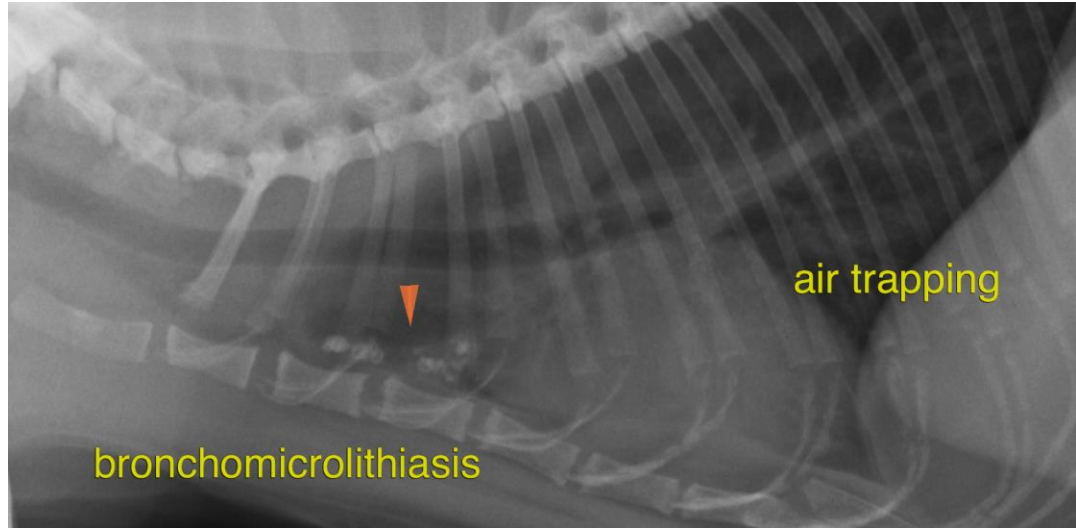
British Shorthair

SEX

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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

Petworks Veterinary
Hospital

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. Trudeau

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