



PATIENT

Moe Hamilton

PRESENTING CLINICAL SIGNS

Not himself, not eating. lethargic. no vomiting no diarrhea. physical exam, no insignificant except mild enlargement in bladder and after squeezing bladder and placed urinary catheter to collect urine under sedation. Seems was not blocked and did urinalysis, no crystals or inflammation. blood work was within normal limit and slight elevation in neutrophil. Has a history of diabetes mellitus but blood work was fine, controlled diabetes mellitus. is in insulin. Pet also coughs at night. No heart murmur has been noticed. some glucose in urine but no inflection or crystals.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

BREED

Domestic Shorthair

Right/left lateral and ventrodorsal views of the thorax and lateral and ventrodorsal views of the abdomen totaling 6 images available for review.

RADIOGRAPHIC FINDINGS

SEX

Neutered Male

Thorax

The degree of pulmonary inflation is deep. A moderate generalized bronchial lung pattern with marked peribronchial cuffing is seen.

AGE

11 Years

Mild esophageal aerophagia is noted.

The cardiac silhouette presents within normal limits. No evidence of atrial enlargement is seen. The vertebral heart score is 8.4 which is within the reference range for cats.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Abdomen

Lumbosacral vertebral end plate sclerosis and spondylosis deformans is seen.

HOSPITAL NAME

Truscott Animal
Hospital

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

Mild generalized enlargement of the liver is noted.

REFERRING VET

Dr. Medhat Meawad

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic tail is not seen.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is distended with a large amount of urine. No abnormal opacities are seen.

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Mild gastric aerophagia is noted and may be related to stress or dyspnea.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

DATE

7-19-22

The colon is seen in the expected position and presents with appropriate content.



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RADIOGRAPHIC DIAGNOSIS

- Moderate active bronchial lung pattern.
- Aerophagia
- Mild generalized hepatomegaly.
- Degenerative lumbosacral stenosis – presumably unrelated to the reason of clinical presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings suggest presence of active lower airway disease such as allergic lower airway syndrome or infectious bronchitis / bronchopneumonia, secondary to viral, bacterial, and less likely parasitic or protozoal infection.

Cardiac disease appears unlikely as underlying cause of the clinical signs and radiographic changes.

No significant pathology was noted in the abdomen other than mild hepatomegaly and distended urinary bladder. The hepatomegaly is likely secondary to endocrine hepatopathy or hepatic lipidosis considering the patient history.



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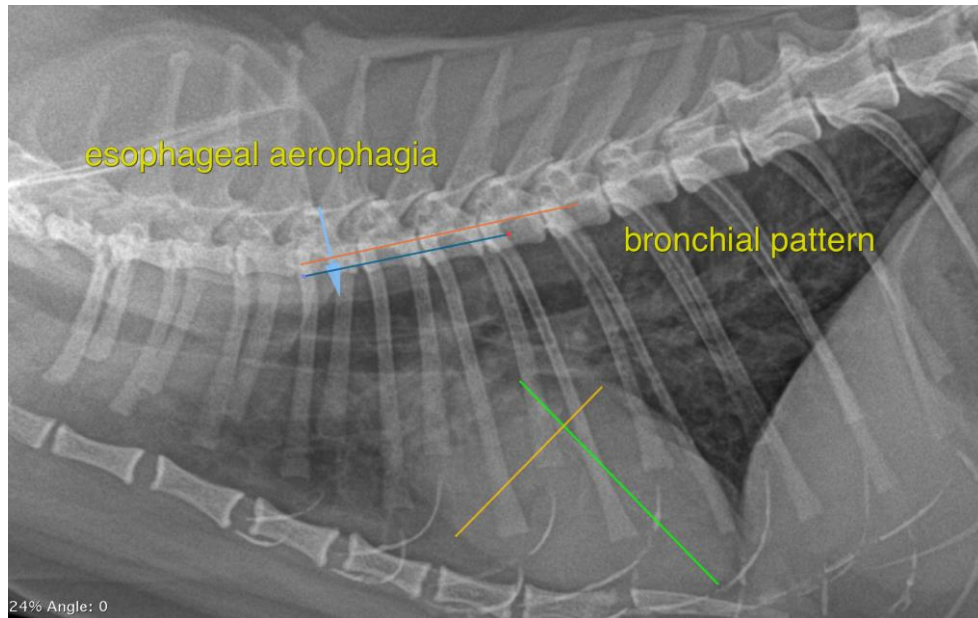
Dr. Medhat Meawad

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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.

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