



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Roscoe Velez Chief Complaint: COUGH History: 1.5Y MN , INDOOR/ONLY CAT . OWNER REPORTS COUGHING 1-2 WEEKS "SOUNDS LIKE HES TRYING TO COUGH-UP A HAIRBALL" . OWNER REPORTS ROSCOE IS AN AVID GROOMER. NEVER VOMITED HAIR ... HX: feline plasmacytic stomatitis syndrome L>R.. CONVENIA,DEPO,GABAPENTIN, DOXYCYCLINE,DENTAL W/ GINGIVECTOMY 2021... OWNER SAYS "MOUTH IS DOING GREAT"

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: moderate gingivitis on the left top half of mouth 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. No pain on palpation of limbs, normal flexion/extension present in all joints of all limbs. BCS 5/9

**RADIOGRAPHIC STUDY OF THE THORAX**

Right lateral and ventrodorsal view totaling 2 images available for review.

**AGE RADIOGRAPHIC FINDINGS**

1 Years 5 Months

The surrounding bony structures are within normal limits.

**INTERPRETED BY**

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

There is a small thymic remnant in the cranial and ventral mediastinum.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**HOSPITAL NAME**

DPC Vet Hospital

The lungs are deeply inflated. A moderate bronchial lung pattern with peribronchial cuffing accentuating the caudodorsal lung field is seen.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**REFERRING VET**

Dr. White

The stomach is post-prandial. No evidence of abnormal content.

**RADIOGRAPHIC DIAGNOSIS**

**INVOICE**

24644

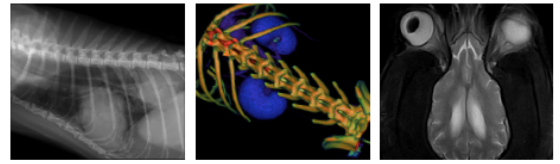
- Moderate active lower airway pattern
- Thymic remnant

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

8/13/21

The radiographic findings suggest the presence of active lower airway disease. Allergic feline lower airway syndrome is thought most likely. However, infectious bronchitis with viral, bacterial, parasitic or protozoal microorganisms cannot be ruled out entirely as a differential diagnosis. Consider



**PATIENT** empirical management for feline asthma as a clinical trial versus further definition by means of airway sampling.

Roscoe Velez

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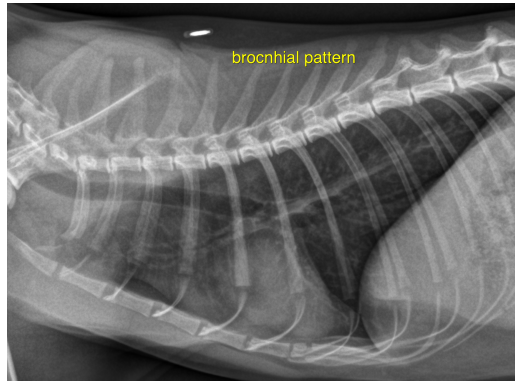
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**AGE**

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**The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**INTERPRETED BY**

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