



PATIENT

2-Stroke Goertzen

PRESENTING CLINICAL SIGNS

Feb 17th, presented for extending neck, gulping, coughing. Thoracic x-rays showed patchy areas of increased opacity caudo-dorsally and peri-hilar region with air bronchograms. Suspected asthma. Started Prednisolone and Convenia and responded very well. Rechecked x-rays March 17th, perihilar and caudo-dorsal congestion still present but improved. Switched off oral prednisolone to puffers, did well initially. August 8th - presented for anorexia, decreased drinking, laboured breathing, lethargy. Marked amount of weight loss (0.99 kg = 16% body weight since February). X-rays - still has increased opacity in caudo-dorsal lung field - DDx: primary/secondary lung tumor?

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Bloodwork is NSF

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

SEX

MN

COMPUTED TOMOGRAPHIC FINDINGS

A combination of atelectasis and lobar alveolar infiltrate of the left cranial and left caudal lung lobes is seen with multiple irregularly dilated bronchi containing fluid attenuating material and an overall loss in pulmonary volume.

AGE

9 Years

Generalized compensatory over inflation of the right lung is seen. There are also multiple areas of cylindrical bronchiectasis with peribronchial infiltrates and cicatrization atelectasis as well as a generalized bronchial lung pattern.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No evidence of mediastinal lymphadenomegaly or other thoracic mass effect is seen.

The esophagus is mildly dilated with fluid.

HOSPITAL NAME

Bridgwater
Veterinary Hospital
and Wellness Centre

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Saccular bronchiectasis and complete atelectasis of the left lung.
- Multifocal bronchiectasis and cicatrization atelectasis as well as bronchial lung pattern and mucus plugging in the right lung with multifocal distribution.

REFERRING VET

Dr. Samantha Bray

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for chronic bronchopulmonary disease with air bronchograms and bronchial mucus plugging which is presumed to be the underlying cause of the presence of atelectasis of the left lung as well as of the multifocal bronchiectasis with cicatrization atelectasis and interstitial scarring in the right lung. Underlying chronic lower airway disease such as allergic and less likely infectious is considered likely. Primary mucociliary dyskinesia or other cannot be ruled out entirely but is thought less likely. Pulmonary neoplasia including primary and secondary or abscessation cannot be ruled out entirely but are thought by far less likely.

INVOICE

59707

DATE

8-15-23

The atelectasis of the left lung is very likely to be irreversible and left cranial and caudal lung lobectomy could be considered with a guarded prognosis owing to the presence of generalized bronchopulmonary disease.



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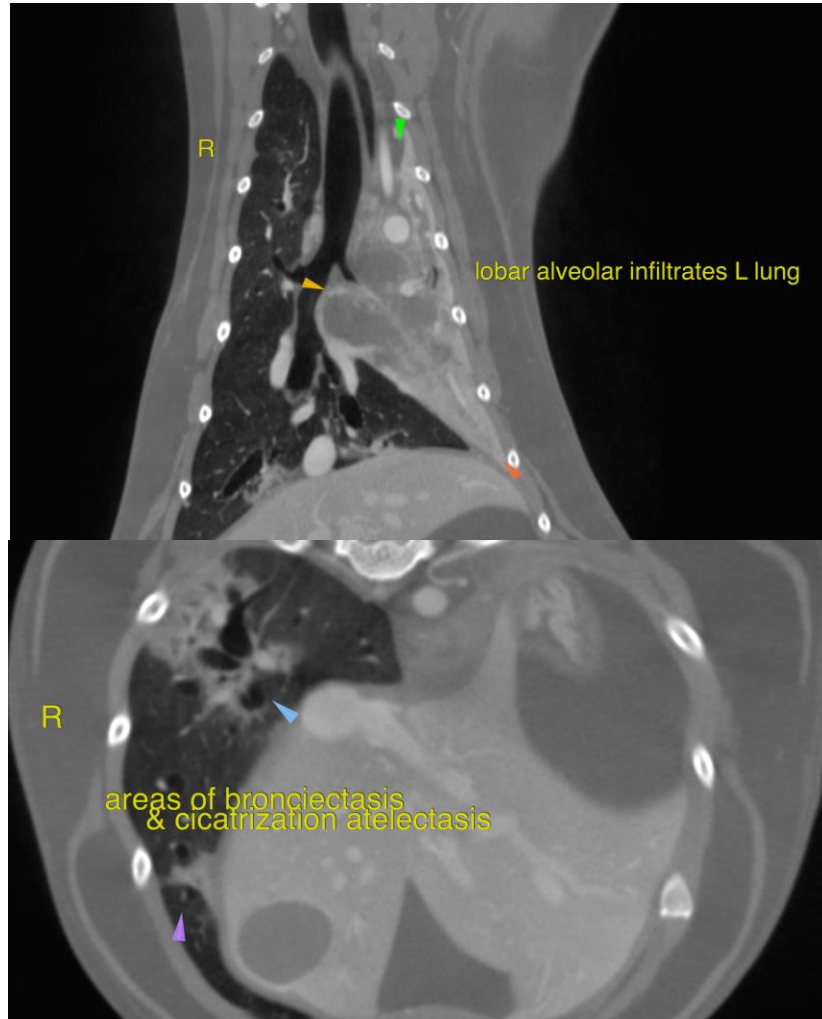
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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