



PATIENT

Vern Allen

PRESENTING CLINICAL SIGNS

O reports that for the last couple weeks he has been sneezing (will often sneeze 6-7 times in a row). He is also having some discharge from his left eye and keeping his eye squinted. No v/d/c/s. Still e/d, but o thinks maybe a bit less than usual. Litterbox habits normal. He is an indoor cat, but Stanley the other cat in household does go outside (but no contact with other cats). She said she recorded an episode of his breathing which was abnormal. He was sleeping and his respiratory effort seemed a bit increased compared to usual (usually she can't see his chest moving at all). Has always had some mobility issues in his hind end, but seems to be a bit more pronounced than previously. On meloxadin once daily for mobility issues. Thoracic radiographs and bloodwork performed today. Cranial left lung region appears consolidated.

SPECIES

Feline

BREED

DSH

SEX

MN

Abnormal PE/Chem/CBC/UA Results: -Discharge from the left eye, marked periodontal disease, weakness in the hind end with plantigrade stance in all 4 limbs. Heart and lungs auscultated normal, but slight gallop rhythm of his heart. -Bloodwork: CBC - WNL. Chemistry - Moderate increase in amylase, mild to moderate increase in BUN (no urine sample to confirm pre-renal vs renal), and moderate increase in TP (albumin is high normal, and globulin is also high normal), and marked increase in glucose. T4 = WNL

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views totaling 3 images available for review.

AGE

16 Years

RADIOGRAPHIC FINDINGS

The lungs are deeply inflated. The chest is mildly expanded. A moderate generalized bronchial lung pattern is seen with peribronchial cuffing. Atelectasis of both left cranial lung lobe segments is seen with volume loss and mediastinal shift towards the left side.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDF

The radiographic presentation of the cardiac silhouette is within normal limits.

HOSPITAL NAME

Woodridge
Veterinary Clinic

Mild focal peribronchial mineralization is seen in the right middle lobe in the mid segment of the main lobar bronchus and considered compatible with peribronchial mucinous gland mineralization.

There is mild esophageal aerophagia.

REFERRING VET

Anique McCrea-
Spence

RADIOGRAPHIC DIAGNOSIS

- Chronic active lower airway pattern with left cranial lobe atelectasis.
- Radiographically normal cardiac silhouette.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

47007

The radiographic study reveals a moderate chronic active lower airway pattern with left cranial lobe atelectasis. Feline asthma/recurrent allergic feline lower airway syndrome with bronchial mucus plugging and atelectasis of the left cranial lobe is considered by far the most likely underlying cause of the radiographic changes. Presence of infectious bronchitis or superinfection cannot be ruled out entirely and should be considered especially in this patient owing to the clinical history suggesting upper respiratory tract involvement. The radiographic changes of the lung and bronchial tree are chronic and may not necessarily be the direct underlying cause of the current clinical presentation.

DATE

8-17-21



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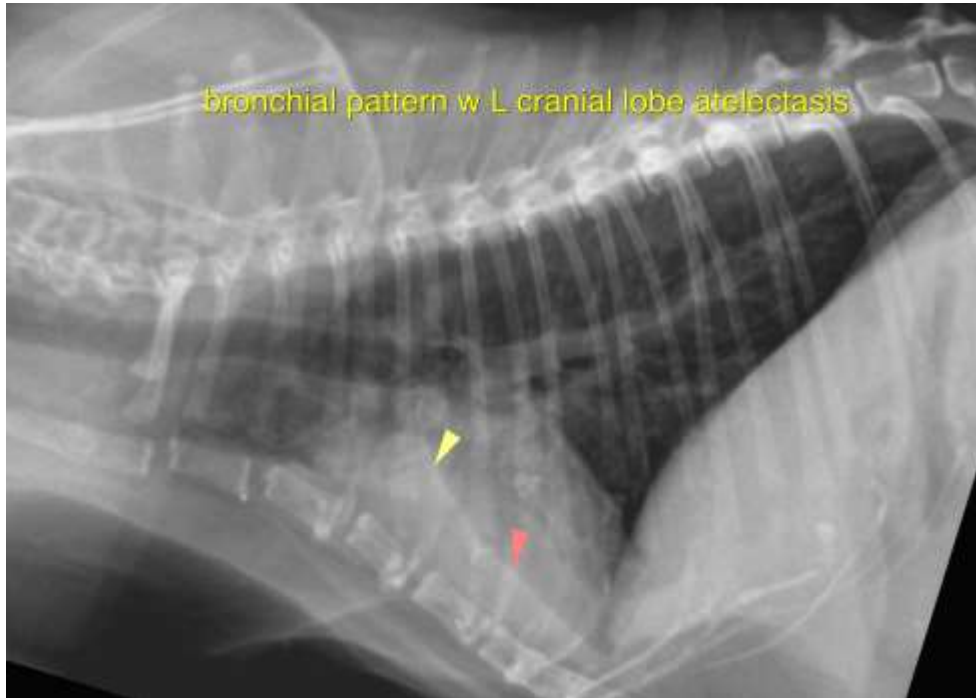
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Dr. med. Vet. DipECVDI

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.

HOSPITAL NAME

Woodridge
Veterinary Clinic

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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