



PATIENT

MewMew Weiland

PRESENTING CLINICAL SIGNS

Episodes of respiratory distress for 6+ months. Has been hospitalized at another ER facility and treated as feline asthma. Albuterol had been given, but he did not improve with that. The prednisolone was dispensed at the ER visit - 2.5mg once daily - he was worse with more gasping, more lethargy and then lost all appetite/thirst. He really has not been breathing through his nose. No congestion sounds or nasal discharge. No smoke at home. They have been doing some cleaning, so it has been dustier. No new cleaners, litter was altered about 2 months and then switched back because he did not pee in the box with the new litter. CT w/sedated oral exam recommended for diagnosis.

SPECIES

Feline

BREED

DSH

SEX

MN

Abnormal PE/Chem/CBC/UA Results: GA - amputated LHL, increased RR and RE CV - sinus rhythm, no murmurs ausculted, good synchronous pulses, mm pink, CRT < 2 sec Resp - increased upper airway noises, particularly at level of pharynx/larynx, lungs auscultate clear, no crackles/wheezes ausculted, no coughing GI/ GU - non-painful, no masses or FB palpated, good gut sounds Integ - healthy coat, no parasites noted, no swellings/ lesions EENT - clear OU, clear AU, no nasal dc M/S - amputated LHL, no lameness/ ambulatory * 3, palpates normal Neuro - normal mentation, normal neural function PLNs - all palpate normal

AGE

2.5 Years

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr. Kimberly Winters

INVOICE

53675

DATE

8-23-22

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

Moderate generalized dilation of the cervical and thoracic esophagus is seen. Most of the lumen of the esophagus contains gas, however, mild fluid accumulation is noted ventrally within the dilated esophagus.

BREED

DSH

A mild ventral alveolar infiltrate is seen within the peripheral aspects of the right middle and right caudal lung lobes.

Occasional subpleural and interstitial bands are seen within the lung accentuating the right lung.

SEX

MN

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized dilation of the esophagus.
- Mild multifocal peripheral alveolar infiltrate of the lung.
- Mild interstitial scarring of the lung.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**Nele Eley, DVM
Dr. med. Vet. DipECVDI

The CT study of the nasal cavities and paranasal sinuses is within normal limits. The larynx and trachea present within the expected limits. The pulmonary changes may represent mild pneumonic changes and interstitial scarring which is considered most likely. Atelectasis is another but less likely differential diagnosis. The presumably pneumonic changes of the lung may be due to prior aspiration. Infectious pneumonia such as viral, bacterial, or mixed cannot be ruled out entirely.

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The dilation of the esophagus suggests presence of a megaesophagus. Differential diagnosis includes congenital spontaneous/idiopathic, neuromuscular, endocrine, and toxic megaesophagus as well as esophagitis with esophageal dysmotility.

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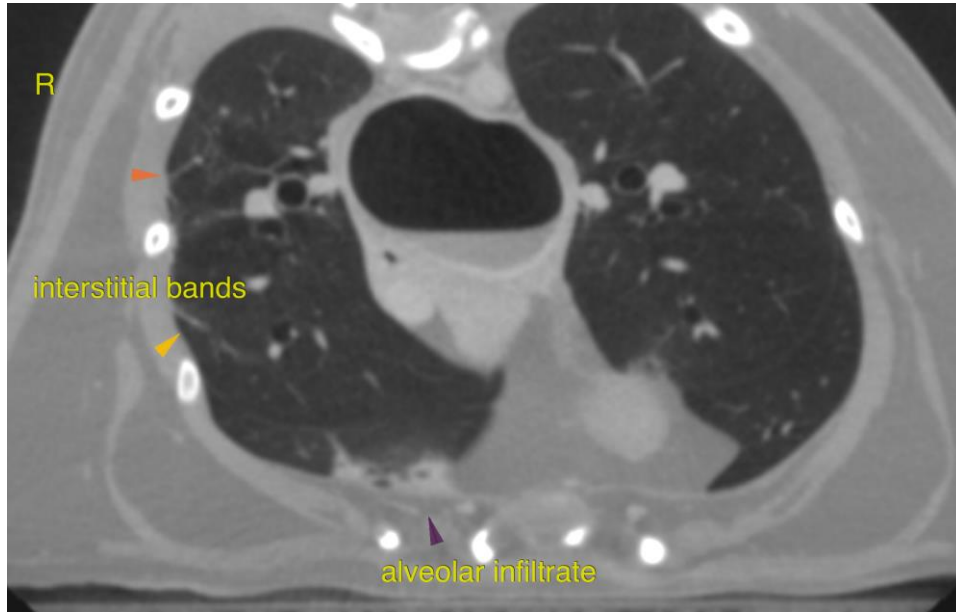
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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