



**PATIENT**

Oscar Ginzberg

**PRESENTING CLINICAL SIGNS**

wt loss ,recurrence of asthma .no murmur tachypucic auscult clear  
Abnormal PE/Chem/CBC/UA Results: pending

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE THORAX**

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

Thoracic read requested.

**BREED**

DLH

**RADIOGRAPHIC FINDINGS**

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

**SEX**

Course and width of the trachea are considered within normal limits.

CM

Mild esophageal aerophagia is noted and considered incidental.

**AGE**

13

The vertebral heart score is 9.1. The cardiac silhouette is mildly plump in appearance and there appears to be a vascular lung pattern with mild generalized dilation of the pulmonary vessels. The caudal vena cava and aorta present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**RADIOGRAPHIC DIAGNOSIS**

- Moderate bronchial lung pattern.
- Mild cardiomegaly.
- Vascular lung pattern.

**HOSPITAL NAME**

Four Corners  
Veterinary Practice

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals a moderate bronchial lung pattern which is compatible with the history of allergic lower airway syndrome.

The radiographic presentation of the cardiac silhouette suggests potential for mild cardiac enlargement. No definitive evidence of atrial enlargement and no significant signs of volume overload can be identified radiographically. However, a full cardiac echo could be considered in order to rule out cardiomyopathy or other cardiac pathology as underlying cause of the rather subtle radiographic changes.

**REFERRING VET**

Maritato

**INVOICE**

53697

**DATE**

8-24-22



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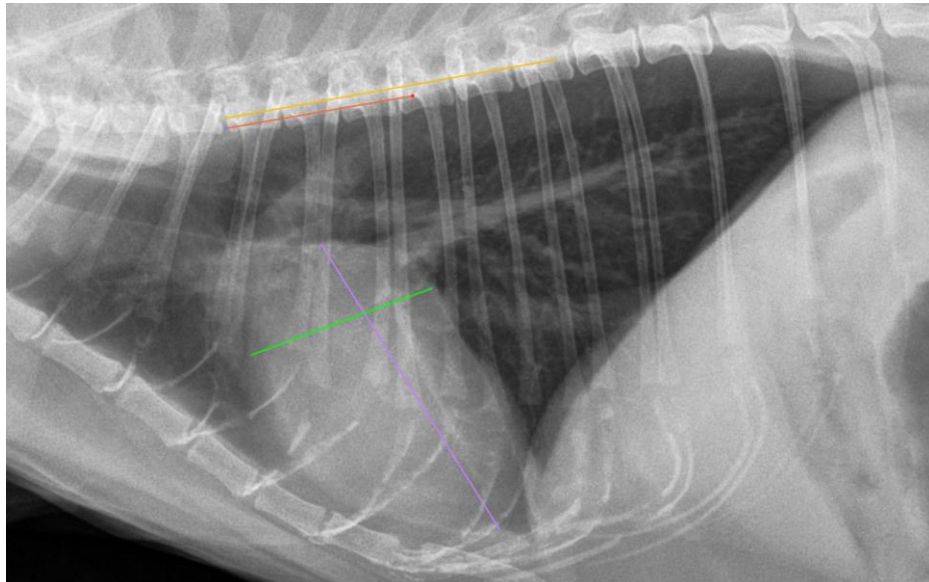
Maritato

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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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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