



PATIENT

PRESENTING CLINICAL SIGNS

Scampy Stray Cowart

P presents for vomiting and excessive drooling. O states P began to vomit clear fluid last night around 11 pm. At 12:45 am o gave 8mg of cerenia to P. P stopped vomiting but began again this morning. O states P was WNL past few days. Cannot think of anything toxic P could have gotten into. Last night P was very uncomfortable, could not stay in one spot and was meowing very loud frequently.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 CV/Respiratory: Cannot auscult heart due to constant purring. Pulses fair, crackles left dorsal lung fields EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Ptyalism with occasional gagging. No visible string under tongue or oral ulcerations but resents oral exam. Musculoskeletal: BCS = 8/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Tense, uncomfortable. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Slightly greasy haircoat with mild seborrhea. Mentation: BAR Hydration: Estimate 5% dehydration Rectal: No masses, normal stool, no bleeding

BREED

DSH

SEX

MN

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Right lateral and ventrodorsal views of the thorax and abdomen totaling 4 images available for review.

AGE

12 Years

RADIOGRAPHIC FINDINGS

Thorax

The degree of pulmonary inflation is moderate. A severe generalized bronchial lung pattern with moderate peribronchial cuffing is seen. Multifocal cylindrical bronchiectasis is noted as well as saccular bronchiectasis in the cranial aspect of the cranial lobes. A multi-cavitated gas filled lesion with thick, soft tissue opaque wall is seen in the caudal aspect of the left cranial lobe. The lesion measures approximately 15mm in diameter.

No radiographic evidence of cardiovascular pathology is seen.

Abdomen

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic tail is not seen.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
 Hospital

REFERRING VET

Dr. Ward

INVOICE

47133

DATE

8-25-21

**PATIENT**

Scampy Stray Cowart

There is moderate gastric aerophagia.

The small intestinal loops present minimal even dilation and are turgid in appearance with a mix of soft tissue opaque and gas opaque content. There is no evidence of segmental dilation of the small intestine and no evidence of radiopaque foreign material or plication.

SPECIES

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The colon contains a mild amount of fecal material only.

BREED

DSH

- Moderate to severe chronic lower airway pattern with bronchiectasis and single cavitated lesion within the left caudal lobe.
- Gastrointestinal maldigestion pattern.

SEX

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A marked active chronic lower airway pattern is seen with occasional cylindrical and saccular bronchiectasis. The most likely underlying cause is chronic allergic lower airway syndrome. The presence of bronchiectasis underlines the chronicity of the disease and there are signs of active inflammation. Superinfection cannot be ruled out entirely. Patient's with bronchiectasis may suffer from decreased mucociliary clearance rates which predisposes them to perpetual inflammation and/or superinfection. The cavitated lesion may represent a thick walled bulla which has developed secondary to the chronic pulmonary pathology. Abscess and neoplasia cannot be ruled out entirely as differential diagnoses. Consider lower airway sampling for further definition. Further radiographic monitoring or ultrasound guided fine needle aspiration could be discussed to further define the cavitating lesion which is in a peripheral position and should be accessible with ultrasound.

No evidence of mechanical ileus are seen. The gastrointestinal changes suggest presence of paralytic small intestinal ileus.

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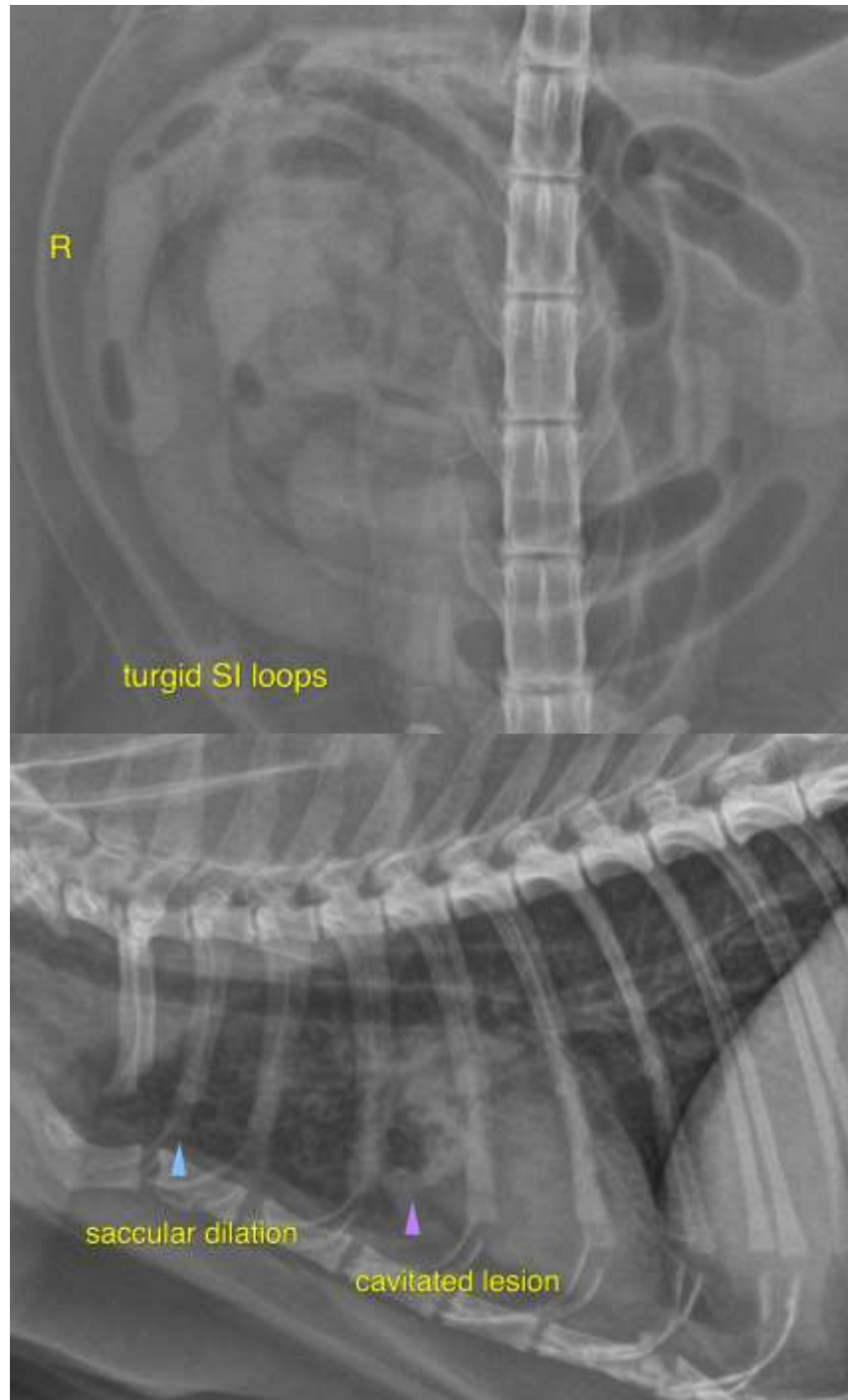
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Feline

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