



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Baby Rodriguez Reason for Visit: OPEN MOUTH BREATHING History: 7YR OLD SPAYED DSH PRESENTED FOR OPEN MOUTH BREATHING AND LATERAL RECUMBENCY THIS MORNING. HX OF POSSIBLE ASTHMA.

SPECIES Feline Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no obvious heart murmur, pulses strong and synchronous, increased bronchovesicular sounds. Mild wheezing present. Increased effort/abdominal component. EENT: OU: mild crusty discharge at medial canthus. AU: moderate amount of black cerumen, no erythema or swelling present. Oral cavity: Moderate to severe gingivitis on upper canines, stomatitis (mild), moderate dental tartar, halitosis Musculoskeletal: BCS = 4/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not presented today

BREED

DSH

SEX

SF

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

AGE

7 Years, 4 Months

The ribcage is expanded and barrel shaped.

The lungs are deeply inflated and hyperlucent with wide lumbodiaphragmatic angles and long distance between the caudal contour of the cardiac silhouette and diaphragmatic cupola. The diaphragmatic cupola is flattened.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

There is lobar atelectasis of the right cranial and right middle lobes with compensatory overinflation of the right caudal lobe and left lung. A moderate bronchointerstitial lung pattern with peribronchial cuffing and mild tortuosity of the caudal pulmonary vessels is seen.

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The lobar margins are rounded without being retracted. There is no evidence of pleural effusion.

No evidence of mediastinal widening is seen.

The cardiac silhouette presents upright and thin. The pulmonary vasculature is thin as well.

REFERRING VET

Dr. Rivera

Gastric aerophagia is seen.

RADIOGRAPHIC DIAGNOSIS

INVOICE

53723

- Chronic irreversible lobar atelectasis of the right cranial and right middle lobes.
- Compensatory overinflation of the remainder of the lung.
- Pulmonary air trapping and bronchial lung pattern with peribronchial cuffing.
- Rounded lobar margins with no evidence of pleural effusion.
- Hypovolemia with microcardia and underperfusion of the lung.

DATE

8-25-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals permanent lobar atelectasis of the right cranial and right middle lobes with overinflated remainder of the lung and a bronchointerstitial lung pattern. The findings



PATIENT

Baby Rodriguez

are compatible with allergic lower airway syndrome. Superinfection or infectious bronchitis are potential differential diagnoses.

The rounded lobar margins indicate presence of cortication of the lung lobes which may be due to prior pleuritis, prior pleural effusion, or pleural fibrosis.

SPECIES

Feline

No specific structural cause of the recent exacerbation can be identified radiographically. However, the lower airway obstruction appears to be significant as indicated by the overexpanded lungs and air trapping/small airway emphysema.

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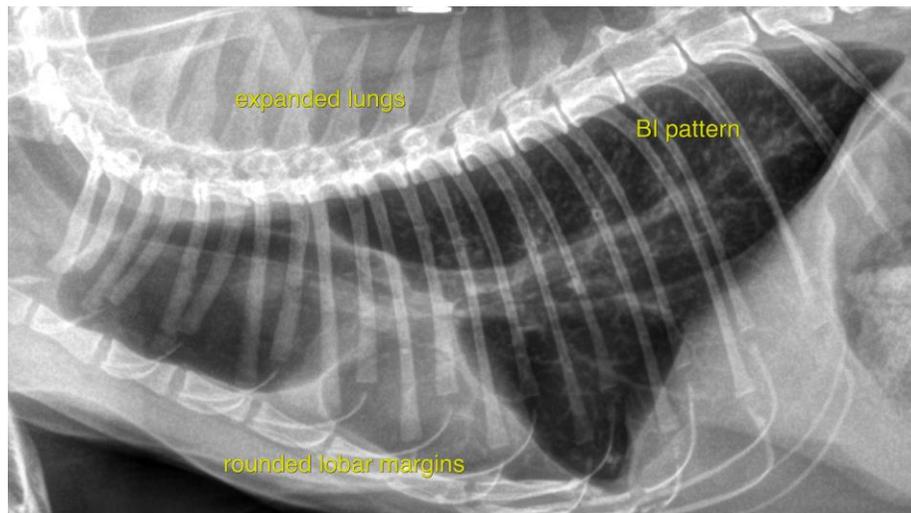
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7 Years, 4 Months

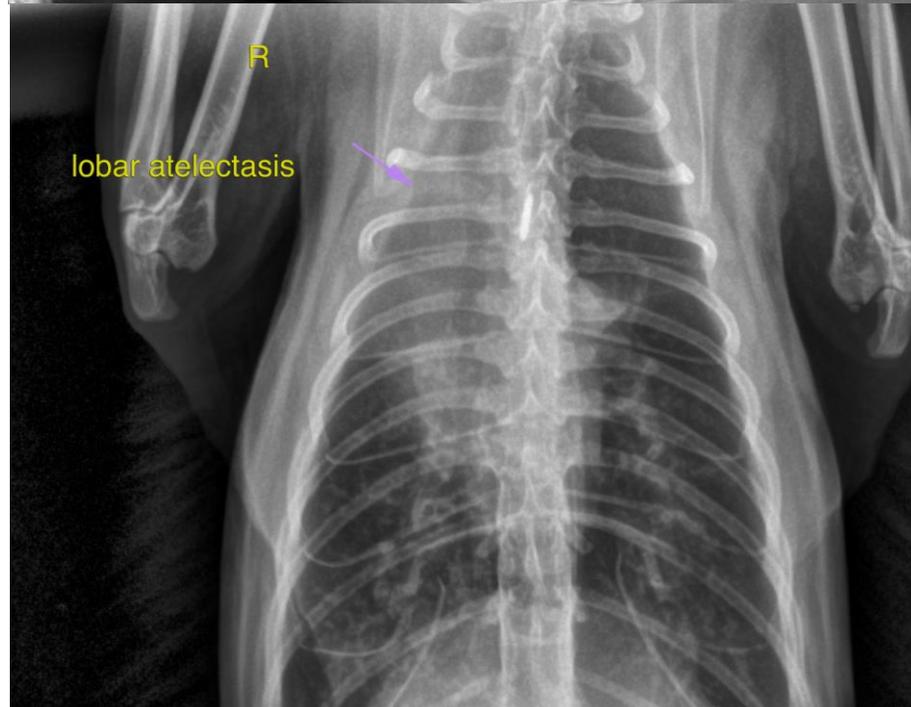
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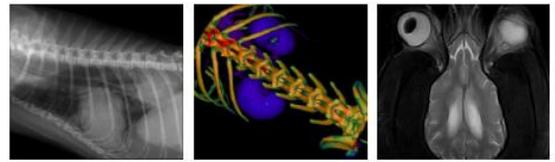
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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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Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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