



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bert Gabrielson  
**SPECIES** Feline  
**BREED** DLH-Siamese  
**SEX** Neutered Male  
**AGE** 9 Years

History: Pt presented for labored, fast breathing, lethargic. O said pt had some kind of strange event in which pt was in the yard, vocalized twice, and was laying non-responsive. Rads were sent to signal pet, results included following abnormalities: Bronchial Pulmonary Pattern Caudodorsal Parenchymal Pattern Cranioventral Parenchymal Pattern Diffuse Parenchymal Pattern Gastric Distension Gastric Material Limited Abdominal Detail Small Intestinal Foreign Material Two Populations of Small Intestine  
 Abnormal PE/Chem/CBC/UA Results: Urine glucose 1000 mg/dL, all else WNL

**RADIOGRAPHIC STUDY OF THE CHEST & ABDOMEN**

Displayed bony structures of spine and thorax are within normal limits without signs of a fracture, sub-/luxation and/or a lytic/sclerotic process.

**Thorax:**

The cardiac silhouette is normal without evidence of chamber enlargement.

The lung density presents a significant broncho-interstitial pattern throughout with multiple thickened bronchial walls. There is no evidence of focal/nodular lesions.

Beside that a mixed broncho-interstitial pattern and patchy areas with transitions to an alveolar pattern are recognized. Pleural lines are identified.

Trachea is unremarkable in diameter and course. Mediastinum presents expected soft tissue density as far as can be assessed. There is no overt evidence of tracheobronchial, cranial mediastinal or sternal lymphadenopathy. No mediastinal shift is seen.

The esophagus is not visible and considered to be normal. Diaphragm is unremarkable.

**Abdomen:**

Liver and spleen present as expected and are well defined.

The stomach is moderately filled and shows foamy to mottled content, which can be traced into the duodenum and parts of the small intestine. Intestinal loops are partially chaotic and predominantly empty. The large intestine is gas distended with small amounts of radiopaque ingesta. Both kidneys are not well visualized.

Serosal detail still is intact.

Urinary bladder is moderately filled without evidence of radiopaque cystic calculi.

**INVOICE**

12709

**DATE**

8/23/21

**INTERPRETED BY**

Sebastian Jawinski,  
 German Board  
 Certified Vet Specialist  
 in Diagnostic Imaging

**HOSPITAL NAME**

Albany AH

**REFERRING VET**

Dr. Fletcher



**PATIENT RADIOGRAPHIC DIAGNOSIS**

- Bert Gabrielson**
- Significant broncho-interstitial lung pattern with transitions to an alveolar pattern
  - Pleural lines
  - Mottled gastric/intestinal content
- SPECIES**
- Chaotic intestinal loops and gas-distended colon

**Feline INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Pulmonary and bronchial findings are severe and likely match with the clinical presentation of an acute dyspneic onset. There is no pathognomonic pattern detected and several differentials are possible including shock-like events as seen with an acute respiratory distress syndrome or embolic events and lung infarction. Inflammatory issues are possible as well such as broncho-pneumonia due to infectious or allergic disease (eosinophilic/parasitic pneumonia). The pleural lines indicate small amounts of pleural effusion or pleural thickening/subtle pleural calcification. Renal disease should be ruled out. The heart size appears normal, congestive lung edema is unlikely. Echocardiography could be performed to rule out cardiomyopathy/pulmonary hypertension.

Gastric foreign material cannot be fully excluded. This finding must be correlated with time of the last meal. If the last meal was recent, follow-up radiographs after fasting could be performed for re-assessing the gastric content. Typical signs of an obstructive ileus are missing. Unspecific enteritis as an inflammatory disease is possible.

**INTERPRETED BY**

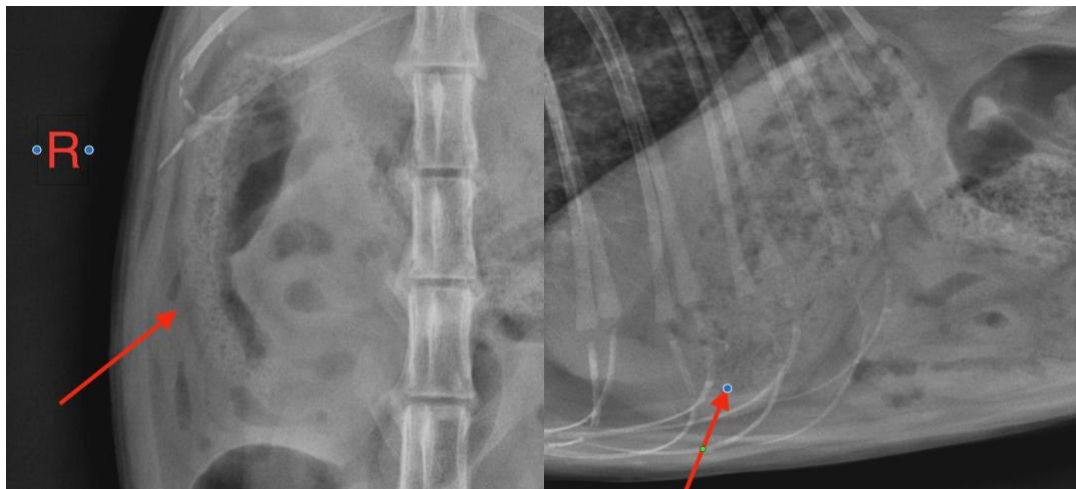
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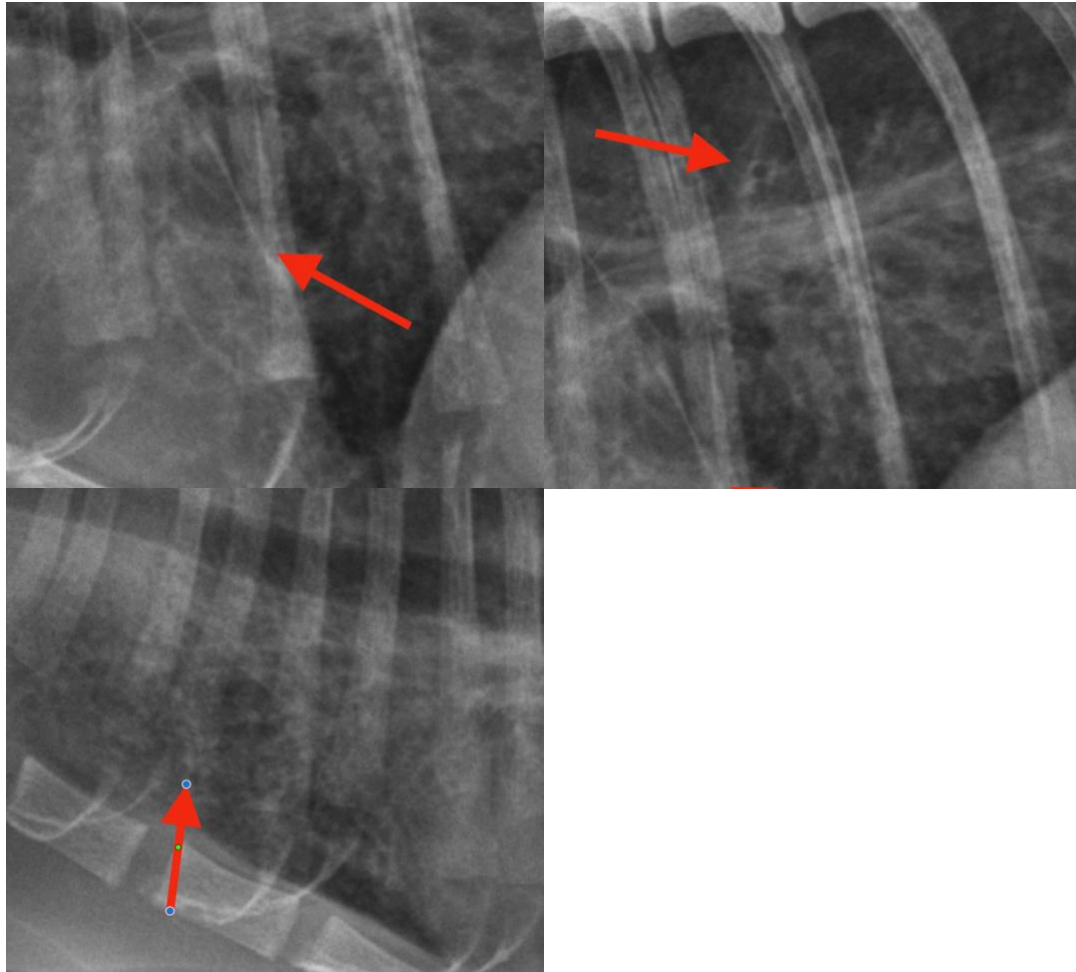
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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