



**PATIENT**

Lippy Botham

**PRESENTING CLINICAL SIGNS**

Acute onset respiratory distress. Patient had dental procedure Dec 15th and developed suspected infection afterwards with food material noted from nostrils. Chest radiographs taken prior to dental reported to have been unremarkable. BAL sample pending.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen in a lung and soft tissue reconstruction are provided for review.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

**SEX**

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

FS

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 is uniform and considered within normal limits.

**AGE**

12 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Multifocal throughout the lung parenchyma, multiple, coalescing, irregular margined, consolidated regions are visible, presenting multiple air-bronchograms – most accentuated in the caudal lung lobes bilaterally. There is generalized mild to moderate thickening of the bronchial walls.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**HOSPITAL NAME**

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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**REFERRING VET**

Dr. Westgarth

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**DATE**

1-10-22

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The jejunal lymph nodes are prominent.



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The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Randomly distributed patchy alveolar lung pattern with bronchial component
- Lymphadenopathy jejunal lymph node
- Spondylosis deformans

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

DSH

Given the acute onset of clinical signs and negative preceding radiographs, the alveolar lung pattern is highly suggestive for bacterial bronchopneumonia – possible atypically (e.g. Mycoplasma sp) due to the dorsal distribution. Rule out protozoal (e.g. Toxoplasma) or less likely mycotic infection (no evidence of lymphadenopathy). The odds for neoplastic transformation – like broncho-alveolar carcinoma – are considered low, due to the clinical course. BAL has already been performed for further definition.

**SEX**

FS

The prominent jejunal lymph node is suggestive for reactive hyperplasia. Ultrasound guided FNA sampling can be used to rule out neoplastic transformation – such as round-cell tumor.

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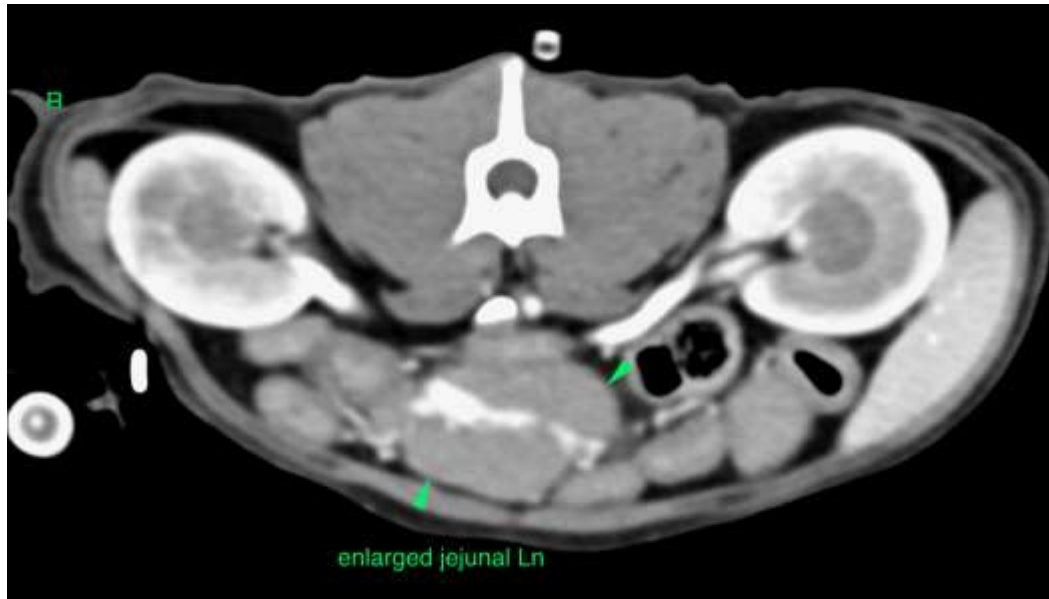
Dr. Westgarth

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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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