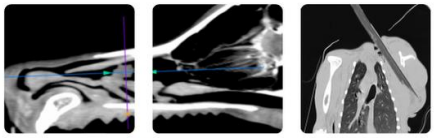

PATIENT

Sir Smudge Turnbull

SPECIES

Feline

BREED

Ragdoll

SEX

Male Neutered

AGE

9Y

WEIGHT

6.8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kirsten Bodie

HOSPITAL NAME

Bluegrass Veterinary Specialists

REFERRING VET

Dr. Kelly Gavin

INVOICE

73275

DATE

1-12-26

PRESENTING CLINICAL SIGNS

9 year old ragdoll with chronic cough (3 months) Not responsive to multiple antibiotics or prednisone. Histo/Blasto negative. Currently taking prednisone 5 mg every other day. Pending aerobic culture, cytology, and respiratory PCR of endotracheal wash.

COMPUTED TOMOGRAPHY OF THE SKULL AND THORAX

A pre- and post-contrast CT study of the skull and thorax in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete. Triadan 308 and 309 present resorptive lesions of the crowns.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

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

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.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

In the ventral dependent aspects of the lung, multiple zones with uniform soft tissue attenuating pattern and air-bronchograms are appreciated – partially with mild granular bronchial mineralization.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Patchy alveolar pattern – accentuated ventral dependent aspects of the lung
- Dental resorptive lesions 408 and 409

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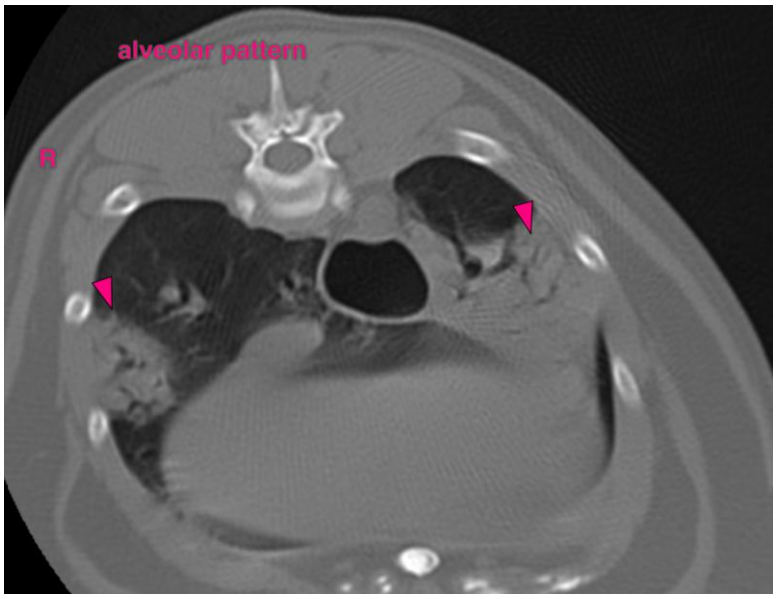
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distribution of the alveolar lung pattern is most consistent with pneumonia – pyogranulomatous versus primary bacterial/Mycoplasma ± pulmonary fibrosis. Theoretically parasitic infection such as Aelurostrongylus abstrusus, Toxoplasmosis or mycotic infection are potentials, but I consider the odds low. Ultrasound guided FNA sampling of the consolidated areas of the lung can be performed as minimally invasive diagnostic test as well and to rule out malignant pulmonary infiltration entirely.



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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com