



PATIENT PRESENTING CLINICAL SIGNS

Xavier Bracho History: Date: 1/15/2023 Reason for Visit: adr History: Patient is presented today for similar reason as far as why we were here 3/15/22; P has seemed pretty down. O states P has been hiding a lot & sleeping a lot along with drinking + eating decreasing.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate to severe dental tartar, pea-sized growth at buccal aspect of L side of mouth. Musculoskeletal: BCS = 5/9. Ambulatory x 4. Mild

BREED

DSH generalized muscle atrophy 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: Matted dull/unkempt hair coat. No ectoparasites seen Mentation: QAR Hydration: N Fecal: Not performed today Diagnostic Testing Needed:

SEX

Neutered Male CBC/CHEM/UA, TT4, SDMA Declined Diagnostics/Treatments: None Findings: 1) CBC: WBC 21.02 (2.87-17.02), band suspected, LYM 10.21 (0.92-6.88), MONO 1.18 (0.05-0.67), EOS 0.0 (0.17-1.57) 2) GLU 268 (71-159), K 3.4 (3.5-5.8) 3) TT4: WNL 4) UA (cysto): SG 1.021, PRO 100mg/dL, WBC < 1/hpf, RBC < 1/hpf, no bacteria or crystals present.

AGE

16 Years Radiographs of the thorax in two imaging planes are provided for review.

RADIOGRAPHIC STUDY OF THE THORAX

RADIOGRAPHIC FINDINGS

INTERPRETED BY

Multifocal spondylosis formation is seen along the thoracic and cranial lumbar spine.

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

The extrathoracic soft tissues present homogeneous without abnormalities.

HOSPITAL NAME

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

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Hopsital

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

REFERRING VET

Dr. Rivera The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected. The caudal part of the left cranial lung lobe is consolidated and presents a significant decreased volume; a midline shift of the heart to the left is appreciated. The remainder of the lung parenchyma are aerated and present the expected architecture.

INVOICE

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

20702

RADIOGRAPHIC DIAGNOSIS

DATE

1/20/23



PATIENT

- Atelectasis caudal part left cranial lung lobe
- Spondylosis deformans

Xavier Bracho

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Feline

The atelectatic caudal part of the left cranial lung lobe can be a sequela to preceding bronchitis and mucus plugging with resorption atelectasis or a sequela to pneumonia. Theoretically an intraluminal bronchial foreign body or neoplasm in the bronchus of the caudal part of the left cranial lung lobe are considerations as well, but the odds are low. As there are no respiratory clinical signs, I would consider the atelectasis as an incidental finding.

BREED

DSH

SEX

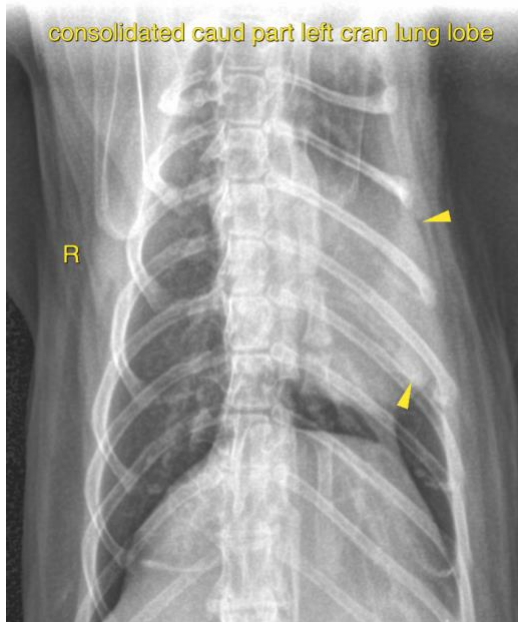
Neutered Male

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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.

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.

REFERRING VET

Dr. Rivera

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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Neutered Male

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