



PATIENT

Sabine McGowan

PRESENTING CLINICAL SIGNS

Presented for a recent hacking cough; owner reports cough occurs more after activity. No respiratory distress. Eating well. No difficulty swallowing. Strictly indoors. Hx of URIs when younger. Note: Pet did exhibit an episode a few months ago with mildly increased lung sounds at the time of anesthesia for spay. Vital signs, including pO₂, remained normal. Abnormal PE/Chem/CBC/UA Results: FeLV/FIV/HW--Neg x 3 pro-BNP: Pending

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

DSH

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits, the growth plates are age related open. The extrathoracic soft tissues present homogeneous without abnormalities.

SEX

Female Spayed

The heart is subjectively prominent The pulmonary vasculature is within normal limits.

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

AGE

9 Months

Generalized moderate peribronchial cuffing is appreciated.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern
- Equivocal mild cardiomegaly.

HOSPITAL NAME

Long Valley Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as allergic ('feline asthma') – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. Bronchoscopy including BAL can be used as advanced diagnostic tool, empirical management can be considered alternatively.

REFERRING VET

Russell Earl

The cardiomegaly is most likely a subjective impression, due to mediastinal/pericardial fat. However, if there is evidence of abnormal pro-BNP, recommend complementing workup by a cardiac echo.

INVOICE

56462

DATE

1-30-23



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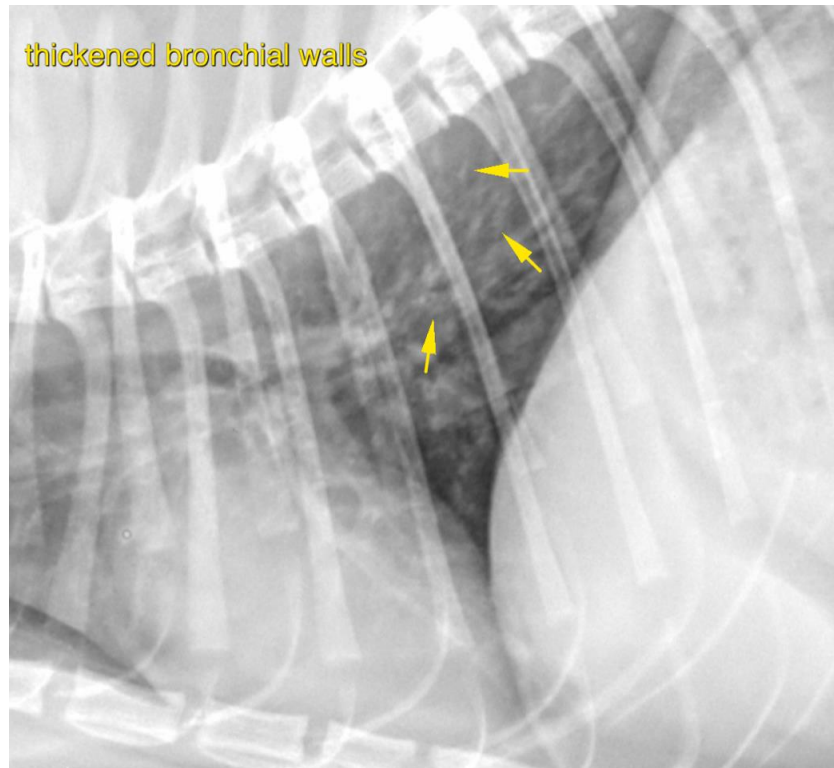
Russell Earl

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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.

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