



**PATIENT PRESENTING CLINICAL SIGNS**

Kitty Francis Hx of arthritis. No coughing, no lung signs. Radiographs were taken to assess limbs, but the chest looked strange, so we took full chest rads.

**SPECIES RADIOGRAPHIC STUDY OF THE THORAX**

Feline Radiographs of the thorax in three imaging planes are provided for review. Radiographs are provided in JPEG file format.

**BREED RADIOGRAPHIC FINDINGS**

DSH The surrounding bony structures are within normal limits.

DSH The extrathoracic soft tissues present homogeneous without abnormalities.

SEX 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.

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

AGE Generalized moderate peribronchial cuffing is appreciated and multiple peribronchial zones with ground glass opacity. Multiple well-defined soft tissue opaque nodules are appreciated throughout the lung parenchyma with the largest nodule being located in the caudodorsal aspect of the left caudal lung lobe, measuring approximately 3x the width of the 11<sup>th</sup> rib at the same level.

12 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

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

**HOSPITAL NAME RADIOGRAPHIC DIAGNOSIS**

Mountain West  
Veterinary Hospital

- Structured nodular interstitial lung pattern and bronchial pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Melanie Thompson

The nodular lung pattern in combination with the bronchial pattern in absence of clinical signs can be a sequela to neoplastic transformation – such as bronchogenic carcinoma, metastatic disease – or is a sequela to subclinical feline bronchial disease with peribronchial inflammatory pulmonary infiltrates or granulomatous lung disease (e.g. mycotic, Toxoplasmosis, parasitic). As the radiographic changes are not specific for a distinct entity, complementing workup by lower airway sampling would be ideal as advanced diagnostic test. A clinical trial with antimicrobial drugs and follow up radiographs can be used to check if the lung pattern is regressive, supporting an inflammatory origin.

**INVOICE**

54723

**DATE**

10-19-22



**PATIENT**

Kitty Francis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

12 Years

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**HOSPITAL NAME**

Mountain West  
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**REFERRING VET**

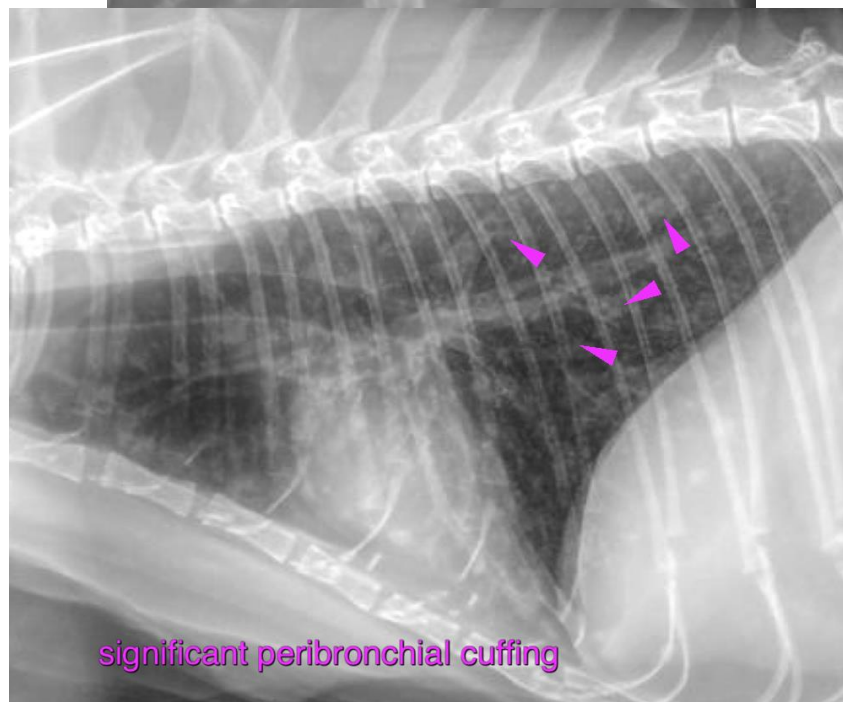
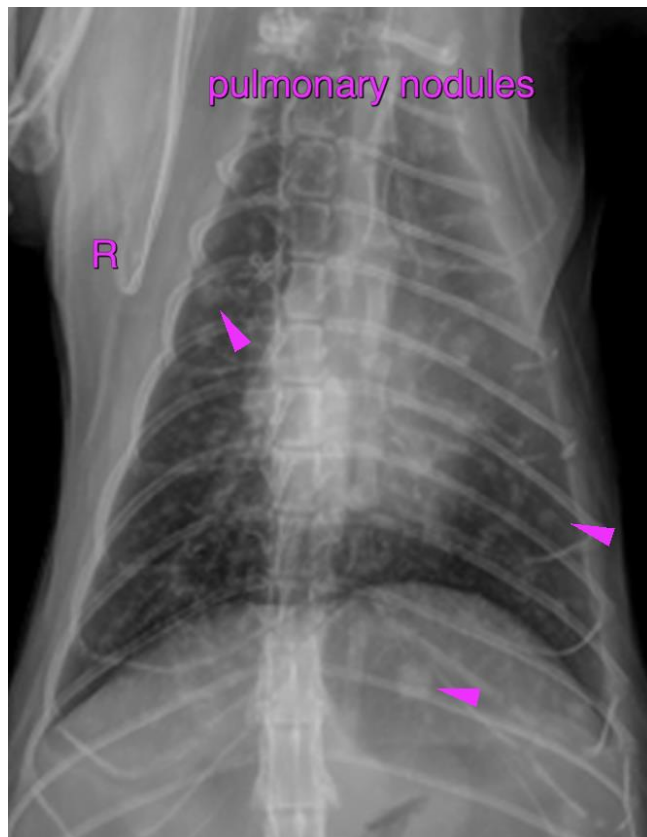
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**PATIENT**

Kitty Francis

**SPECIES**

Feline

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.

**BREED**

DSH

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  
sebast.schaub@gmail.com

**SEX**

FS

**AGE**

12 Years

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