



PATIENT PRESENTING CLINICAL SIGNS

Dino Brown Two day history of tachypnea, lethargy. No known trauma, Indoor only. No Previous health concerns. No travel history
SPECIES Abnormal PE/Chem/CBC/UA Results: RR 50-60. HR 140 with no murmur ausculted. SPO2 73%. Temp 101.F. BW shows neutrophilic leukocytosis (WBC 29.2K, neut 23.5K), stress hyperglycemia and moderate hyperglobulinemia (7.2 g/dl).

Feline

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

DLH

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

MN

The extrathoracic soft tissues present homogeneous without abnormalities.

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.

The caudoventral mediastinal reflexion is widened by fat and prominent.

AGE

11 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Generalized moderate peribronchial cuffing is appreciated. The right middle lung lobe is consolidated and can be appreciated as a wedge shaped soft tissue opacity at the right lateral aspect of the heart – the volume is significantly decreased.

The remaining lung lobes present a generalized decreased radiopacity

HOSPITAL NAME

Ruidoso Animal Clinic

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

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Sarah Botkin

- Bronchial lung pattern
- Mild generalized air-trapping
- Consolidated right middle lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

55189

The radiographic changes are highly suggestive for underlying feline bronchial disease ('feline asthma') with mild hyperinflation of the lung and likely resorption atelectasis of the left lung lobes – possibly due to mucus plugging of the left main bronchi or preceding chronic bronchopneumonia.

TECHNICAL COMMENTS

DATE

11-14-22

A human finger is seen in the primary beam, please consider radiation safety guidelines.



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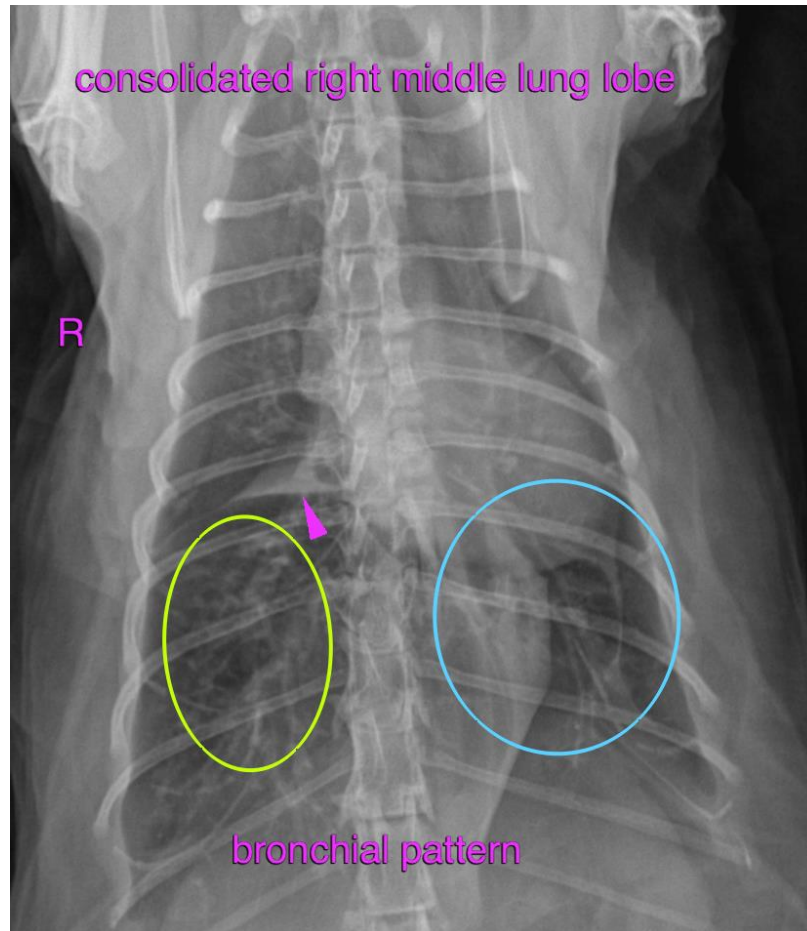
Sarah Botkin

INVOICE

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DATE

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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.

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