



**PATIENT**

Gracie Langlois

**PRESENTING CLINICAL SIGNS**

Primary current concern: increased upper resp noises which are worsening daily and haven't improved with antibiotic (convenia) nor prednisolone therapy. She had two episodes of dyspnoea in Sept 2022, none since. No discharge, no sneezing, no coughing. Chronic issues: food allergies, mobility, motility. Currently on gabapentin, cartrophen, and restoralax long-term. Tentative diagnosis: Sept 2022 thoracic rads performed, tentative diagnosis of feline asthma, currently on ventolin inhaler. Trial of prednisolone performed in Sept 2022 with no improvement in her breathing, steroid inhaler was supposed to be started + hasn't yet

**SPECIES**

Feline

**BREED**

DSH

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

FS

Skull

Triadan 101-103, 206, 302, 307, 308, 407 and 408 are absent.

**AGE**

12 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

In the left tympanic bulla, a small amount of soft tissue attenuating and non-contrast enhancing material is noted. The osseous lining of the tympanic bullae 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.

**HOSPITAL NAME**

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Partners

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.

**REFERRING VET**

Dr. Shannon  
Westgarth

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.

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

Mild smooth thickening of the bronchial walls is noted.

**DATE**

11-2-22

The lung parenchyma presents the expected architecture; multiple regions of dystelectasis of the lung parenchyma are appreciated.

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



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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild bronchial lung pattern
- Multiple absent teeth
- Very mild left sided otitis media
- Normal upper airways

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bronchial lung pattern is suggestive for feline bronchial disease – commonly allergic in origin. No additional abnormalities of the respiratory tract are appreciated, explaining the upper respiratory noise, there is no evidence of a mass or stenosis. Recommend visual examination of the larynx ± tracheoscopy to rule out small mural lesions.

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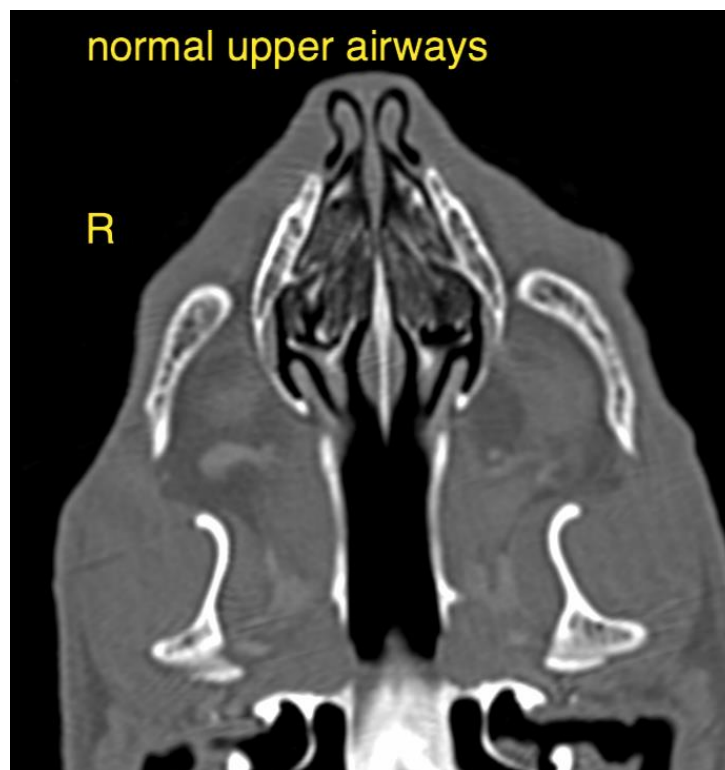
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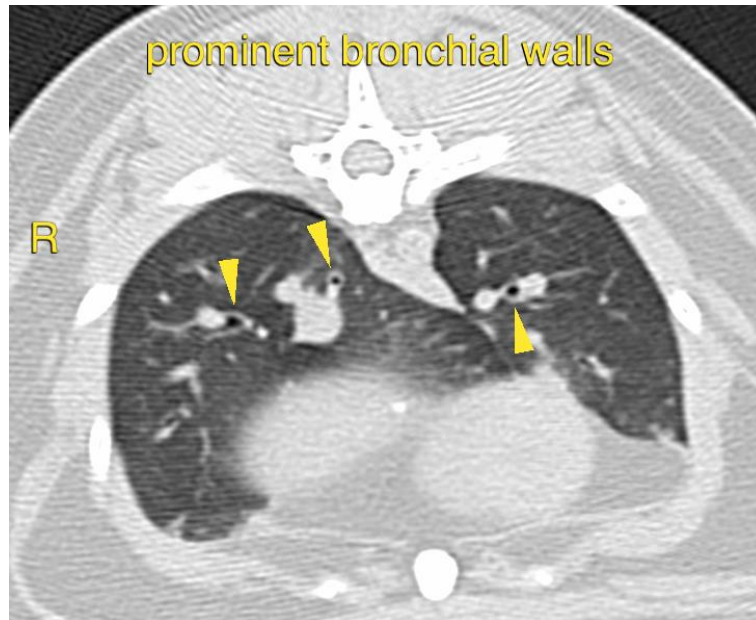
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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