



PATIENT

Stella Dean

PRESENTING CLINICAL SIGNS

Chronic upper resp issues. Bloody nasal discharge at adoption 9 yrs ago. Intermittent treatments with antibiotics & steroids which only helped short term. Current problem: coughing, labored expiration, sneezing, poor appetite past 10 days; wt loss 1 lb past 2 mo.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Labored resp effort on expiration. Noisy respiration. Temp 101.3 Blood test pending.

RADIOGRAPHIC STUDY OF THE SKULL & THORAX

BREED

DSH

A DV projection of the skull and radiographs of the thorax in three imaging planes are provided for review.

SEX

Female Spayed

Skull

The mandible is superimposed on the nasal cavity.

AGE

9 Years

No abnormalities of the osseous and surrounding soft tissue structures of the skull are appreciated.

Thorax

The surrounding bony structures are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Blandford Animal
Hospital

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

Generalized moderate peribronchial cuffing is noted. Most likely the caudal part of the left cranial lung lobe presents a ventrally distributed region of moderate ground-glass opacification.

REFERRING VET

Hazel Holman

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

RADIOGRAPHIC DIAGNOSIS

INVOICE

48604

- Bronchial lung pattern with ventrally distributed region of unstructured interstitial pattern left cranial lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

11-27-21

The bronchial lung pattern with ventrally distributed regions with pulmonary consolidation of the left cranial lung lobe are most consistent with bacterial broncho-pneumonia. Consider starting antimicrobial therapy. Follow up radiographs are recommended if clinical signs are refractory to therapy.



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No overt abnormalities of the skull are appreciated, unfortunately, mandible is superimposed on the nasal cavity, significantly limiting assessment of the nasal cavity. Either repeating the radiographs of the skull, including an open mouth projection to avoid superimposition of the mandible with the nasal cavity or CT should be considered.

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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