



PATIENT PRESENTING CLINICAL SIGNS

Sunni Augilera

Occasional coughing episode that improves with albuterol puffs.

Abnormal PE/Chem/CBC/UA Results: Radiographs: atelectasis of the cranial segment of the left cranial lung lobe. On the right lateral view this is indicated by an increased opacity cranio-ventrally with a concurrent mediastinal shift to the left and increased opacity at the level of the third and fourth intercostal spaces on the left. There does appear to be extensive bronchiectasis. Numerous airways are filled with fluid noted as tubular shape structures extending cranio-ventrally, over the heart and caudodorsally as well. A component of the tubular shape structures caudodorsally may actually be aneurysmal dilation of the vessels. Mild peribronchial thickening is present throughout the lungs causing the borders of the smaller airways to have thickened irregular margins. On the left lateral view there is a rounded increased opacity superimposed over the heart base. This is not clearly seen on the dorsoventral view however. The heart is normal in size and shape, but the pulmonary vessels are decreased in size and thready in appearance. The pleural space and cranial mediastinum are normal. The trachea is normal as well.

SPECIES

Feline

BREED

DSH

SEX

COMPUTED TOMOGRAPHY OF THE THORAX

Spayed Female

A high resolution pre- and post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE

Multifocal moderate spondylosis formation is seen along the thoracic spine.

9 Years, 9 Months

The sternal, cranial mediastinal and tracheobronchial lymph nodes are mildly prominent.

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

A significant tree-in-bud pattern is seen in multiple lung lobes, due to soft tissue material obliterating segments of the bronchial tree. Saccular widening of the first degree bronchus of the cranial part of the left cranial lung lobe is seen and the bronchial segment is filled with post contrast hypoattenuating material. The caudal lung lobes present multiple bronchial segments with cylindrical dilation. The right cranial lung lobe and the left cranial lung lobe present hypoattenuating multicameral areas. The most cranioventral aspect of the cranial part of the left cranial lung lobe is consolidated and presents a marked decreased volume.

HOSPITAL NAME

Mobile Pet Imaging

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

REFERRING VET

Meaux

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Advanced tree in bud pattern bronchial tree
- Multifocal saccular bronchiectasis
- Multifocal pulmonary emphysema
- Mild lymphadenopathy tracheobronchial and cranial mediastinal lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

11-8-22

The CT study is consistent with advanced chronic feline bronchial disease – commonly allergic ± superinfection – with multifocal bronchiectasis, plugging of multiple bronchial segments with exudate, pulmonary bullous emphysema and focal resorption atelectasis. The appreciated changes are irreversible. Recommend empirical management for feline lower airway disease; workup might be complemented by lower airway sampling if applicable.



PATIENT Suspect mild reactive hyperplasia of the tributary lymph nodes.

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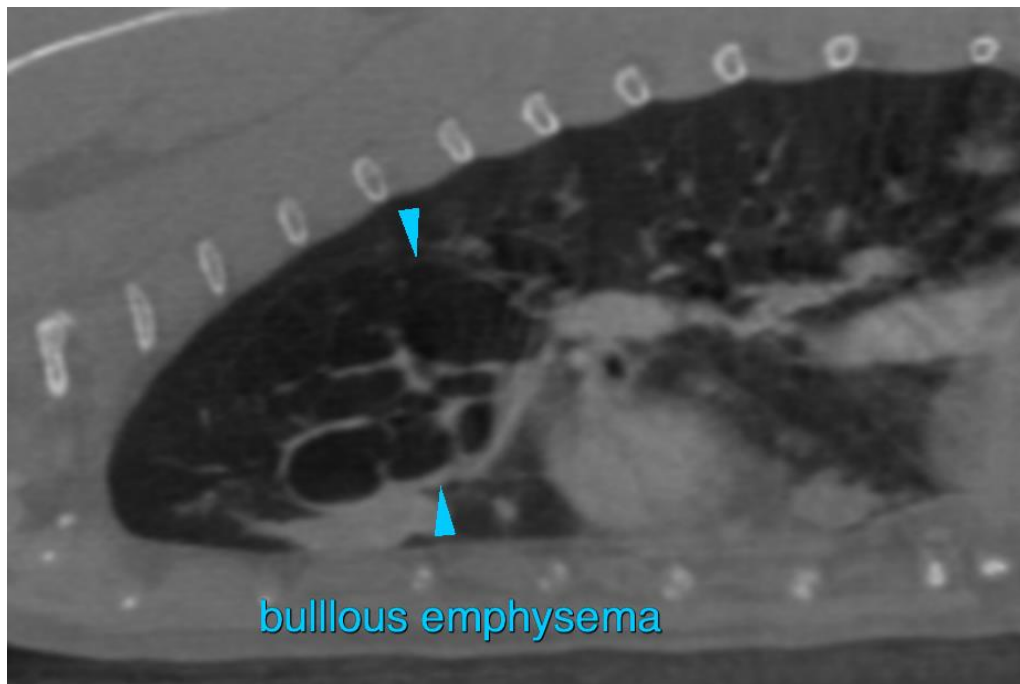
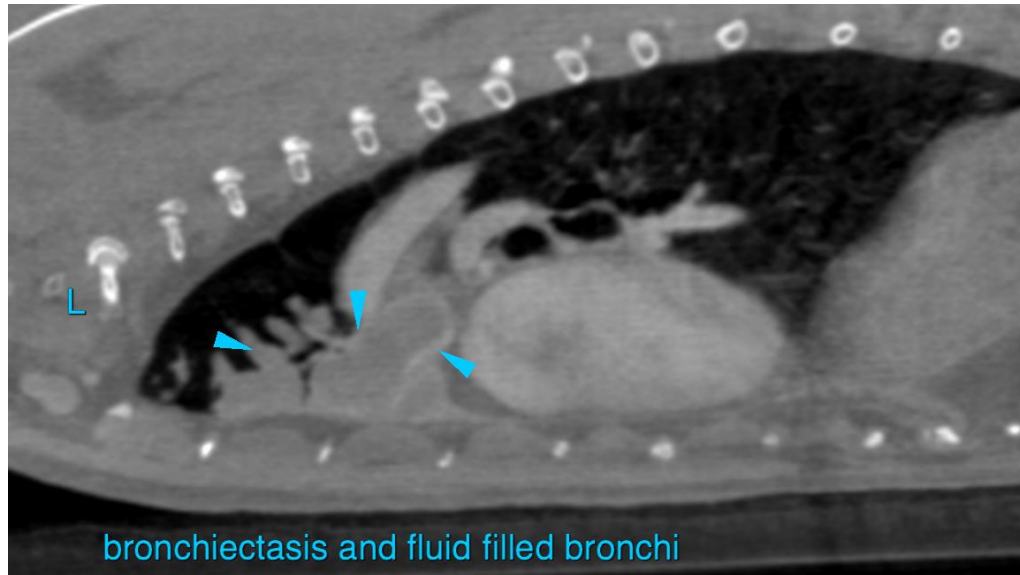
Meaux

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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.

SPECIES

Feline

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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