



**PATIENT**

Minnie Wollny

**PRESENTING CLINICAL SIGNS**

History of acute inappetance, no vomiting/diarrhea, hiding last 24 hours. Forelimb nail bed dermatitis and crusting. Thoracic rads obtained with partial abdomen visible.  
Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/t4 in 9/2021 unremarkable. PE today unremarkable.

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Domestic Shorthair

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX**

FS

In the subcutaneous tissue at the craniodorsal aspect of the thoracic spine/dorsal aspect of the neck is moderately swollen with multiple gas bubbles .

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.

**AGE**

9 Years, 8 Months

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

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

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

**HOSPITAL NAME**

Summit Dog & Cat  
Hospital

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

A punctuate mineralization is superimposed on the kidneys on the right lateral view, not appreciated in the left lateral projection - likely representing mineralized material in the intestinal tract.

**REFERRING VET**

Levitan

**RADIOGRAPHIC DIAGNOSIS**

- Suspect preceding subcutaneous injection dorsal aspect cranial thoracic spine
- Otherwise structural normal thorax

**INVOICE**

49002

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax present without clinically relevant pathology.

**DATE**

12-13-21



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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  
sebast.schaub@gmail.com