



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Angus Scerri
 Was seen at referring vet and diagnosed with heart failure. Referred for rads +/- CT. O says increased respiratory effort, occasional retch or cough as if he's coughing up a fur ball but nothing comes up. On exam BAR, increased respiratory effort, heart murmur III/VI, increased lung sounds, no open mouth breathing, nares, and oral cavity normal, no nasal discharge or sneezing. Idexx Snap ProBNP was normal Thoracic rads showed a broncho-interstitial pattern. Concerned about cardiac disease vs pulmonary disease as a cause of dyspnoea

SPECIES
 Feline

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX
 Male
 The bony and surrounding soft tissue structures are within normal limits.

A moderate amount of free pleural gas is visible. The lung lobes are retracted from the thoracic wall.

AGE
 11 Years
 The lung parenchyma presents generalized moderate to marked heterogenous ground glass attenuating/coarse honeycomb like pattern caused by thickened interstitial bands. The lung lobes present irregular serrating margins of the surface of the lung. The bronchial present evidence of multifocal bronchiectasis. The right caudal lung lobe presents an irregular marginated region of consolidation with small central gas attenuating areas.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Colyton Veterinary Hospital

The right ventricle and the pulmonary artery are prominent.

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

REFERRING VET

Chris Papantonio

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked unstructured interstitial lung pattern and traction bronchiectasis
- Irregular retracted pulmonary margins
- Mild to moderate pneumothorax
- Suspect right ventricular enlargement and prominent pulmonary artery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

12-14-21

The CT study is highly suggestive for interstitial pulmonary fibrosis and secondary traction bronchiectasis. The pneumothorax is considered as a sequela to underlying interstitial pulmonary disease. The right ventricular enlargement and prominent pulmonary artery indicate secondary pulmonary hypertension. Due to the advanced lung disease and accompanying pneumothorax, the long-term prognosis is very guarded. Treatment options are limited to palliative management.



PATIENT

Angus Scerri

The consolidated region in the right caudal lung lobe likely represents a fibrotic region, however a second neoplastic entity cannot be ruled out entirely (e.g. bronchogenic carcinoma).

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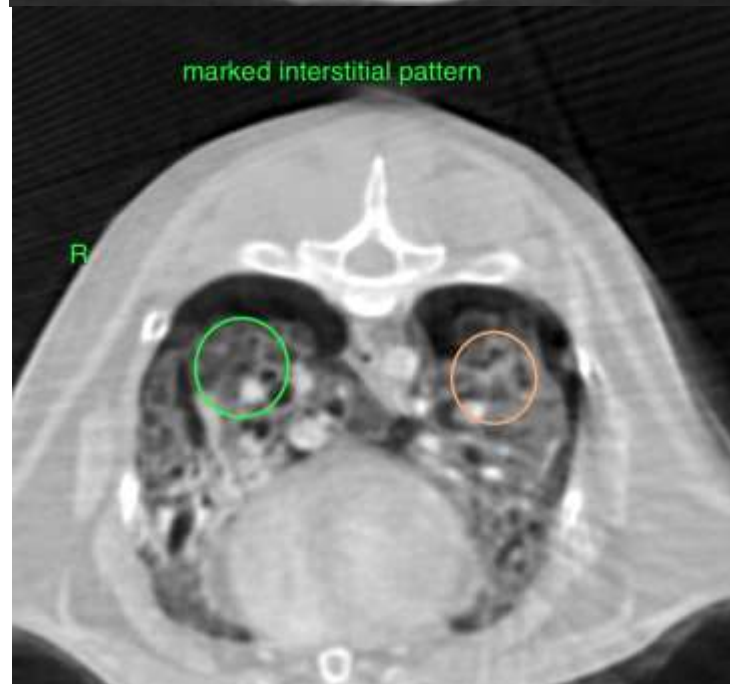
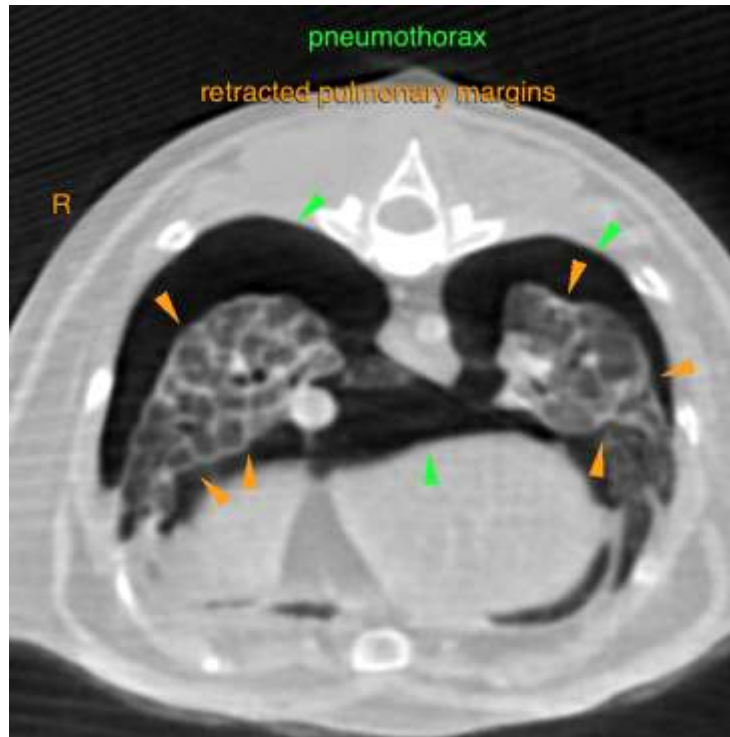
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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