

**PATIENT**

Teddy Moffitt

**PRESENTING CLINICAL SIGNS**

These are follow-up x-rays to those sent post-op on 12/17/21. Please refer to that report/submission for details. Patient had been doing well, but today, O reports pet exhibited "heavy breathing". Pet not dyspneic on presentation though respiratory rate increased (56). Note; Patient is diabetic.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: CBC: RBC=6.75; Hgb=9.2 Chem: Glucose=253; Fructosamine=393 SDMA=16 UA: USpg=1.016; pH=5.5 Glucose=2+

**BREED**

DSH

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**SEX**

Male Neutered

There is a persistent to mild progressive generalized ground glass opacification of the lung parenchyma. The bronchial walls are prominent. The left lung lobes are aerated.

The aortic arch is prominent, stationary.

**AGE**

13 Years, 8 Months

**RADIOGRAPHIC DIAGNOSIS**

- Broncho-interstitial lung pattern, mildly progressive
- Redundant aortic arch
- Spondylosis deformans

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a mild progressive broncho-interstitial pattern, increasing the odds for underlying inflammatory lower airway disease – such as feline bronchial disease. Both inflammatory non-infectious and infectious causes are consideration. Bronchoscopy including BAL might be used as advanced diagnostic tests.

Other potentials for the pulmonary pattern include edema, fibrosis, neoplasia – considered far less likely.

**HOSPITAL NAME**

Long Valley Animal  
Hospital

**REFERRING VET**

Russell Earl

**INVOICE**

49178

**DATE**

12-21-21



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**BREED**

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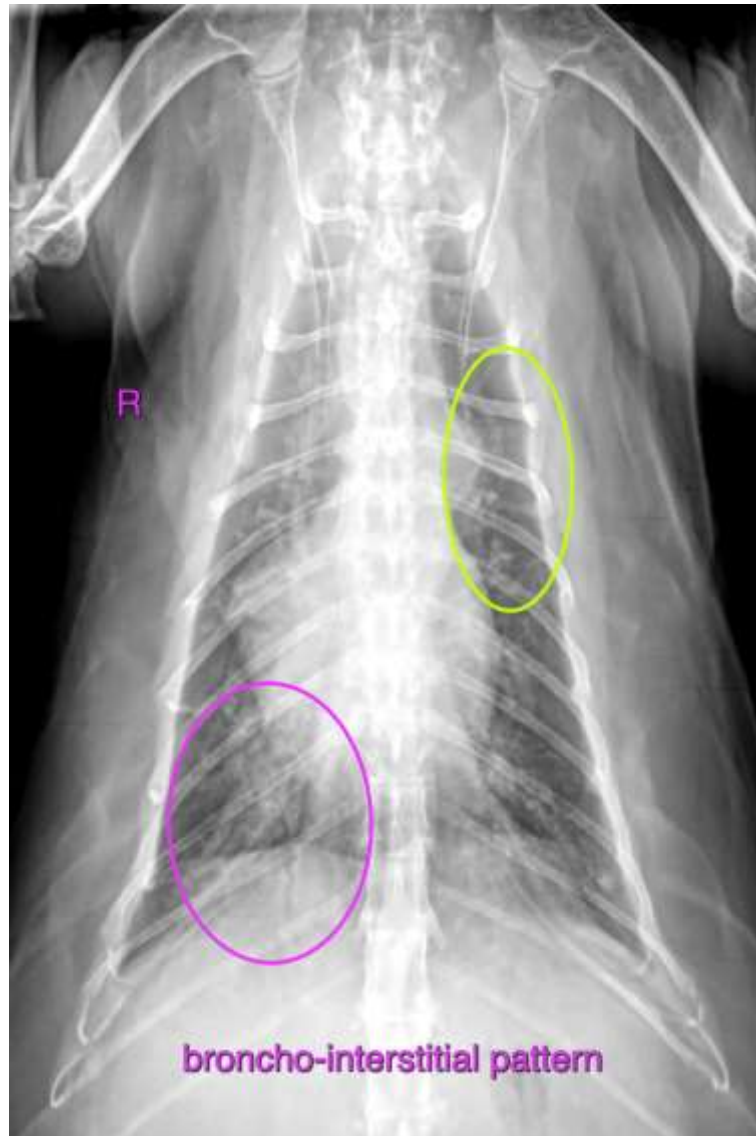
Russell Earl

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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