



**PATIENT**

Archie Mennetti

**PRESENTING CLINICAL SIGNS**

O says that P has been wheezing and coughing for the past week or so. O says that there have not been any changes in P's environment. O says that coughing sounds like P is trying to dislodge a hairball but that nothing has come up. Feline asthma vs others overweight

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

A complete set of radiographs of the thorax and abdomen is provided for review.

**BREED**

DSH

**RADIOGRAPHIC FINDINGS**

Thorax

Mild spondylosis formation is seen along the mid thoracic spine.

**SEX**

The extrathoracic soft tissues present homogeneous without abnormalities.

MN

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**

3

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

Moderate peribronchial cuffing is seen. The right middle lung lobe is consolidated and presents a significantly reduced volume.

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

**HOSPITAL NAME**

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Hospital

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

Abdomen

The surrounding bony structures are within normal limits.

**REFERRING VET**

Dr. Elshafie

The right caudal abdominal wall cannot be delineated in the caudal aspect and the visible caudal margin of the muscular layer presents feathered appearance. The urinary bladder is protruding into the subcutaneous tissue.

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The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

**DATE**

12-23-21

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.



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The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

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The colon is seen in the expected position and presents with appropriate content.

**RADIOGRAPHIC DIAGNOSIS**

**BREED**

DSH

- Traumatic abdominal hernia right lateral abdominal wall with protrusion of the urinary bladder
- Bronchial lung pattern
- Consolidated right middle lung lobe
- Spondylosis deformans

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The defect of the right abdominal wall is sequela to a preceding traumatic insult with laceration of the abdominal wall. The urinary bladder is bulging into the subcutaneous tissue. Surgical management of the abdominal wall is recommended.

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The bronchial pattern in combination with the given clinical signs is compatible with feline bronchial disease – without evidence of air-trapping – primary allergic causes ± bacterial, viral or parasitic superinfection is most likely. The consolidated right middle lung lobe is a common sequela to feline bronchial disease and can be a bronchial mucous plugging. Consider empirical management.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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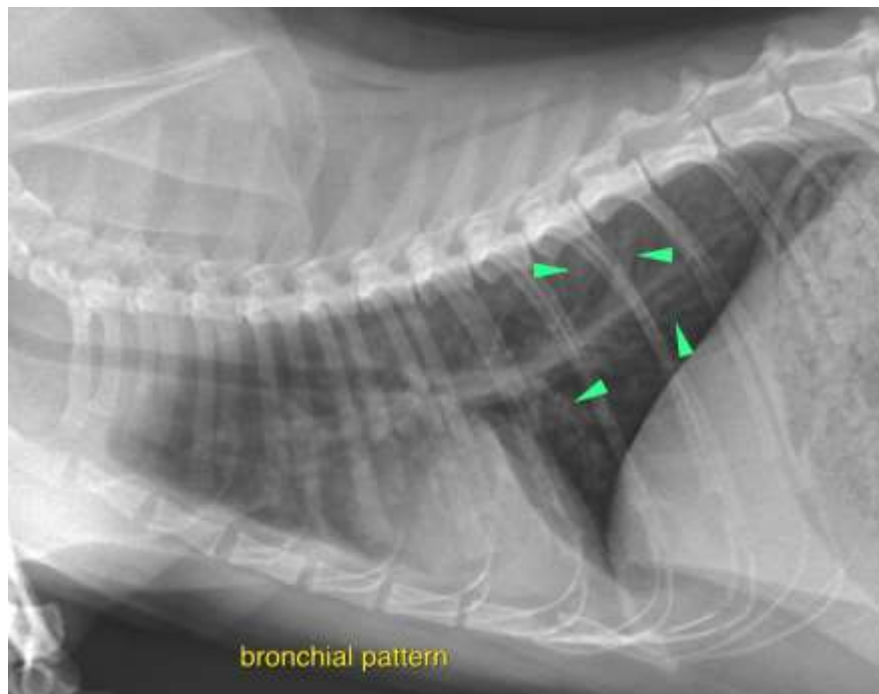
Dr. Elshafie

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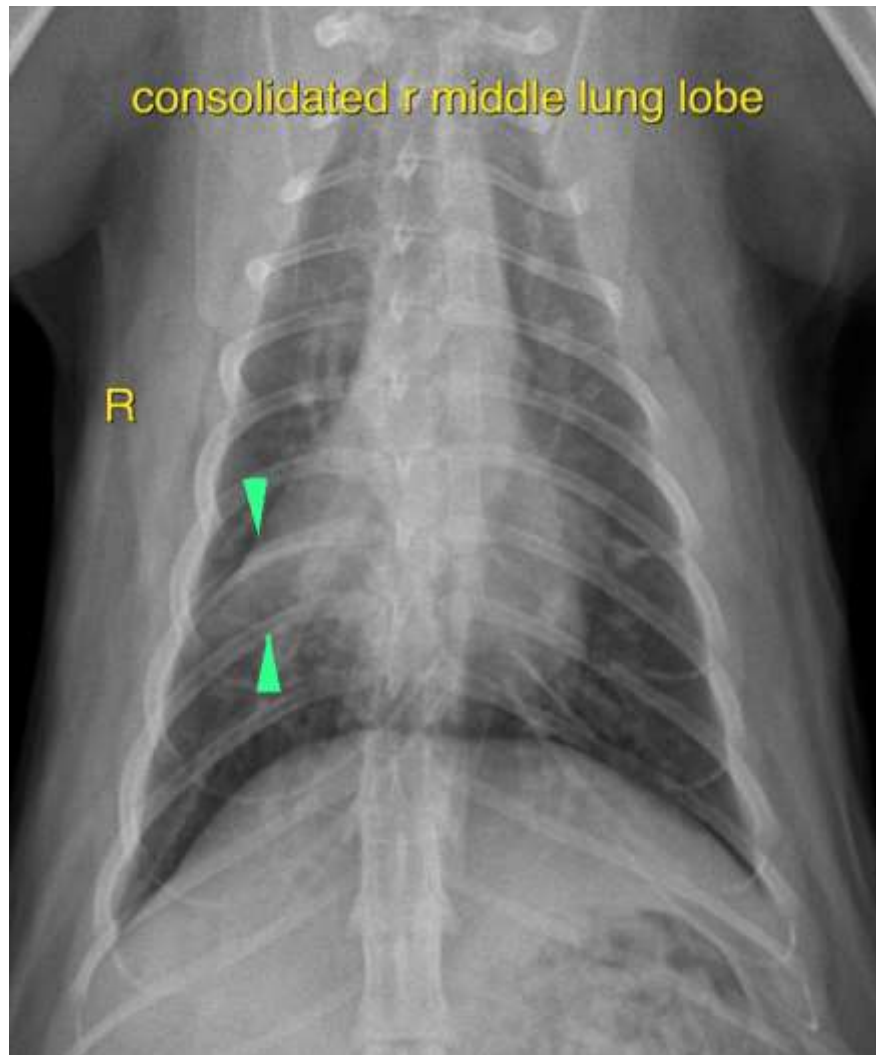
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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