



PATIENT

Daisy Hopkins

PRESENTING CLINICAL SIGNS

Rechecking: COUGH/NASAL DISCHARGE History: COUGHING X 3 MONTHS UNRESPONSIVE TO STEROIDS, ANTIBIOTICS. SWALLOWS HARD. RARE YELLOW-GREEN NASAL DISCHARGE Abnormal PE/Chem/CBC/UA Results: Exam Notes: BAR, BCS 6-7/9. MM PM CRT 1-2 SEC, NO VISIBLE MASS SEEN BACK OF THROAT. NO NASAL OR OCULAR DISCHARGE. H/L - CLEAR, NO MURMUR. AB PALP WNL COUPLE PIMPLES SCABS VENTRAL BELLY, APPEARS TO OVERGROOM. NO FLEAS OR FLEA DIRT SEEN Diagnostics & Testing: CBC/CHEM/T4 WNL FELV/FIV - NEG CHEST/NECK RADS - INCREASED OPACITY PROXIMAL TRACHEA - R/O POLYP, MASS INCREASED OPACITY RIGHT SIDE OF LUNG FIELDS ON VD VIEW (WAS TAKEN AFTER RIGHT LAT VIEW) Treatment Plan: PENDING RAD CONSULT CONSIDER REFERRAL TO ADVANCED FOR UPPER AIRWAY SCOPING

SPECIES

Feline

BREED

DSH

RADIOGRAPHIC STUDY OF THE THORAX

SEX

SF

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

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

AGE

7 Years, 1 Month

The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

HOSPITAL NAME

DPC Veterinary Hospital

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.

REFERRING VET

Dr. Feldt

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

RADIOGRAPHIC DIAGNOSIS

- Normal thorax

INVOICE

48771

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

12-3-21

The radiographic study is negative for disease. Rule out upper airway disease as source for the described clinical signs.



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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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