



PATIENT PRESENTING CLINICAL SIGNS

Rocky Pace Presented for annual PE, concerns about asthma. Respiratory signs started about a year ago, when O moved in with his girlfriend. Pt has productive cough w/ terminal retch, some open mouth breathing after cough episodes. No syncope or dyspnea, but some increased inspiratory effort after intense coughing episodes. Sometimes happens 4 to 5 times a day, other times only twice. No frequent sneezing or ocular discharge. O reports some smoking indoors and incense often burned, both reduced around 3mos ago, but signs persist with only slight improvement. Pt also licking excessively, primarily ventral abdomen and lateral aspect R elbow Diet: Kitsy low carb cat food - 1/4 cup BID. E/D/U wnl. No V/D/S. Indoors mostly. Unknown FeLV/FIV status, unknown vax status Lives with 3 other cats - 2 indoors, 1 outdoors. Chronic meds/supplements: NaturPet lung care Flea tx: none at this time.

Feline

BREED Snowshoe

Abnormal PE/Chem/CBC/UA Results: Chronic dental disease; no abnormal lung or heart sounds.

SEX RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

AGE The surrounding bony structures are within normal limits.

10 Years The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI The cardiac silhouette is occupying approximately 75% of the thoracic height and 80% of the thoracic width. The vertebral heart score is 9.6 (normal ≤ 8.2). The pulmonary vasculature is effaced by the pulmonary pattern.

HOSPITAL NAME

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

Reid Veterinary Hospital The lung parenchyma presents a generalized moderate heterogeneous distributed unstructured reticular lung pattern and multifocal peribronchial cuffing is seen.

REFERRING VET

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

RADIOGRAPHIC DIAGNOSIS

- Cardiomegaly
- Predominant asymmetric unstructured interstitial lung pattern with bronchial component

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

12-8-21

The cardiomegaly is concerning for underlying cardiomyopathy such as hypertrophic cardiomyopathy as most common form in feline patients.

The interstitial lung pattern is not specific and can represent cardiogenic pulmonary edema, fibrosis, pneumonitis (possibly in combination with the bronchial pattern due to feline lower airway disease - 'feline asthma'), less likely diffuse neoplastic infiltration or systemic disease (e.g.



PATIENT

Rocky Pace

pancreatitis, renal disease). Complementing workup by a cardiac echo would be ideal to rule in/out hemodynamically relevant pathology. If underlying cardiac disease can be ruled out, empirical management for feline bronchial disease can be considered and follow up radiographs in 2-3 weeks would be beneficial to check if the pulmonary pattern is regressive under therapy.

SPECIES

Feline

BREED

Snowshoe

SEX

MN

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Reid Veterinary
Hospital

REFERRING VET

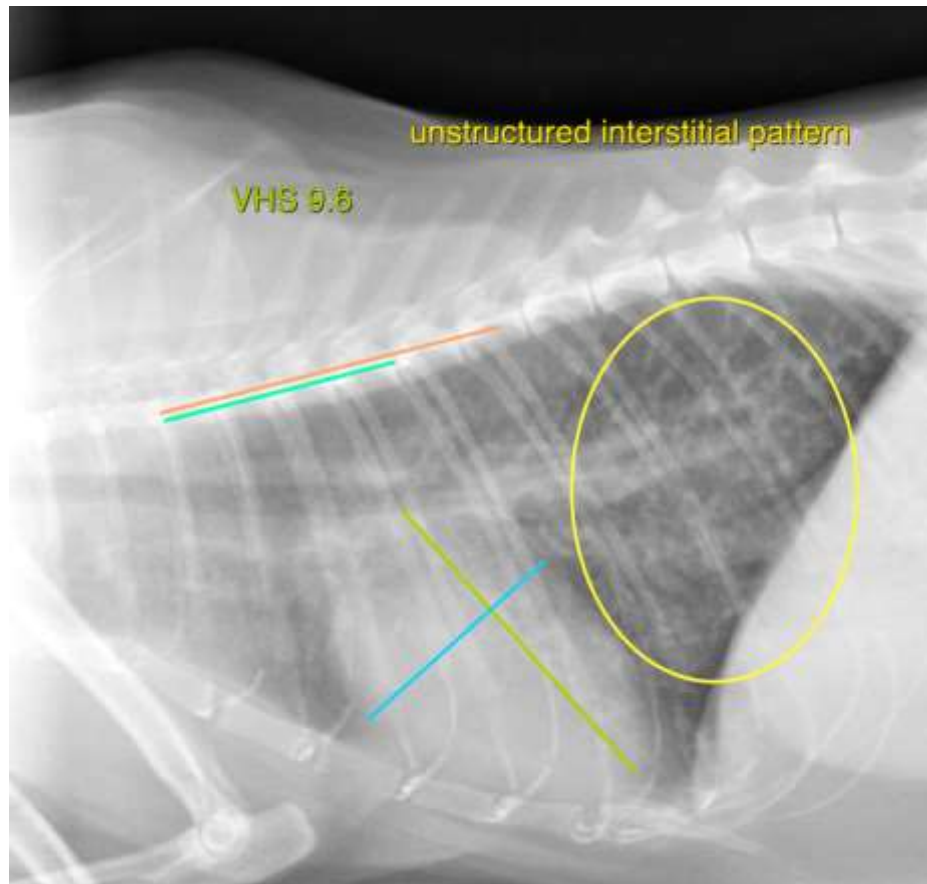
Jeff Popowich

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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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