



PATIENT PRESENTING CLINICAL SIGNS

Rocco Lequerica

History: Patient is presented today because since the last visit. Owner state that she went out of town & left p with husband who did miss some dosing of the prednisolone so owner got more & tried to restart the treatment but P is getting worse there is no coughing but P is struggling to breath, P can't play anymore without getting short of breath but P is eating & drinking fine going to the bathroom normal.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 Hydration: Appropriately hydrated Mentation: QAR to BAR EENT: No nasal discharge; clear no discharge, possible wet wheeze OU; clean no debris AU; No cough on tracheal palpation. Oral Cavity: mild dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur, wheezing ausculted throughout lungs (unable to discern if referred upper airway noise or also in the lungs), increased abdominal effort Abd/GI: soft non painful abdomen Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate

BREED

DSH

SEX

NM

RADIOGRAPHIC STUDY OF THE THORAX

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

AGE

3 Years

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

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.

Level with the cranial thoracic aperture, the most caudal cervical tracheal segment presents two convex shaped soft tissue opacities, protruding from the ventral tracheal wall into the tracheal lumen - the cranial lesion is occupying approximately up to 90% of the tracheal height at the same level.

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.

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
 Hospital

REFERRING VET

Dr. White

INVOICE

56694

RADIOGRAPHIC DIAGNOSIS

- Tracheal intraluminal soft tissue swelling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

2-11-23

The appreciated soft tissue opacities superimposed on the ventral aspect of the caudal cervical tracheal segment are concerning for tracheal neoplasia (e.g. lymphosarcoma, squamous cell carcinoma). Differentials would include tracheal granuloma, tracheal stricture or less likely tracheal hematoma or stricture. Tracheoscopy including sampling for cytology is considered as



PATIENT

the ideal next diagnostic step.

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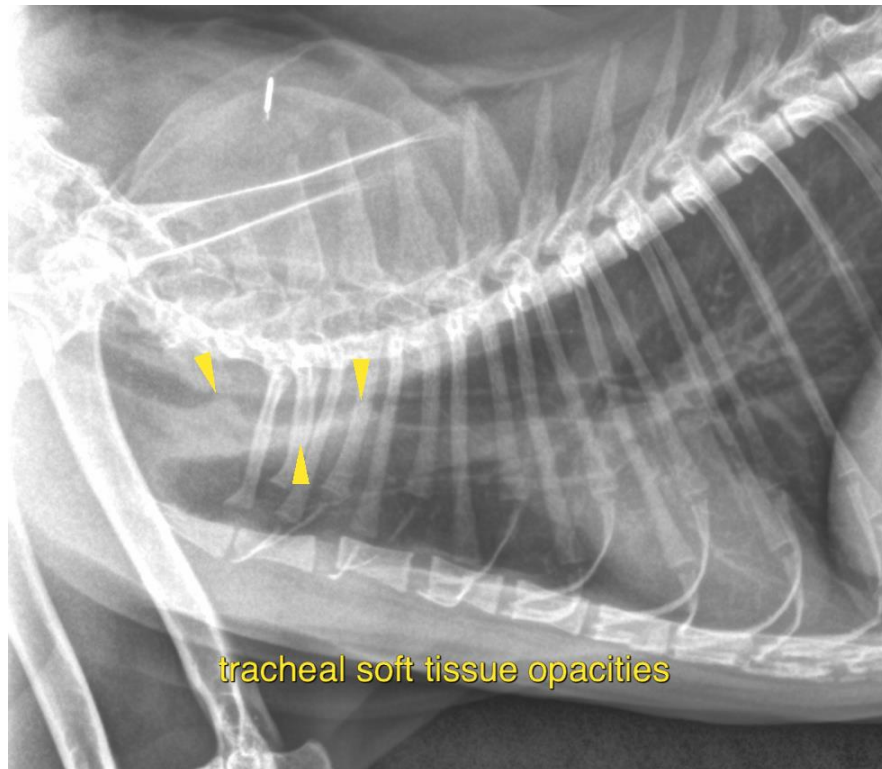
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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