



PATIENT PRESENTING CLINICAL SIGNS

China Campanella

Reason for Visit: WEIGHT LOSS / coughing History: 14 Y 7 M Domestic Shorthair presented for coughing. Weight loss. Indoor/ outdoor. Not utd on vaccines. C/S/V/D: coughing fits E/D/U/D: wnl Diet: Purina one FAS Score: 0 THE SWEETEST! Current Medications (dose and frequency): NONE Heartworm Prevention / Flea Prevention: none Known Allergies and Medical Conditions: none Microchip ID: / No microchip

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 9.2 lbs Temp: pass HR: 160 RR: 40 MM/CRT: <2 Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, grade I-II/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. No crackles of wheezes present. EENT: Clear OU. AU: multiple ceruminous cysts, moderate amount of black debris. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate to severe dental tartar/calculus, moderate gingivitis.

BREED

DSH

Musculoskeletal: BCS = 6/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Thinning hair coat on dorsum, skin is intact. Mild erythema at medial canthus OD. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: NPS Diagnostic Testing Needed: Feline Senior Profile to Idexx, Thoracic radiographs, Fecal Declined Diagnostics/Treatments: None Findings: 1) Feline Senior Profile to Idexx: Results pending 2) Thoracic radiographs: Consult pending 3) Fecal: NPS Assessment: 1) Heart murmur: r/o DCM vs. other 2) AU: multiple ceruminous cysts 3) Periodontal disease (stage 3-4/4) 4) Cough: r/o hear disease vs. lower airway disease vs. lung worms vs. other 5) Weight loss: r/o endocrine vs. metabolic vs. neoplasia vs. secondary to periodontal disease (pain/infection) vs. other 6) PU: r/o renal vs. UTI vs. DM vs. other 7) Thinning hair coat: r/o FAD vs. other Treatment Plan: MTGH, Additional tx pending BW and rad results/consult Treatment Declined: None Prescriptions to Dispense: 1) Profender #1 2) Bravecto Plus #1 3) Cerenia 16mg: Give 1/4 tab PO SID Dietary (food) Recommendations: Reg. for now Recheck Needed: Pending BW and rad results/consult Follow-up Care: Additional Comments:

SEX

SF

AGE

14 Years, 7 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

RADIOGRAPHIC STUDY OF THE THORAX

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

HOSPITAL NAME

DPC Veterinary Hospital

RADIOGRAPHIC FINDINGS

Multifocal mild spondylosis formation is seen along the thoracic spine. The ribs are mildly diverging and the thorax has a more barrel chested conformation.

REFERRING VET

Dr. Rivera

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 aortic arch presents a prominent left lateral bending. The pulmonary vasculature is within normal limits.

INVOICE

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The diameter of the cervical tracheal segment is increased in comparison to the intrathoracic segment – likely due to rotation of the skull. The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

DATE

2-26-23

Multifocal mild peribronchial cuffing is noted.

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



PATIENT

China Campanella

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

RADIOGRAPHIC DIAGNOSIS

SPECIES

Feline

- Mild bronchial pattern with signs of mild air-trapping
- Incidental redundant aortic arch.
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

The mild bronchial lung pattern and the signs of mild air-trapping are compatible with feline bronchial disease (“feline asthma”) – commonly primary allergic in origin. The finding is a potential explanation for the presenting clinical signs.

There is no evidence of pulmonary neoplastic disease.

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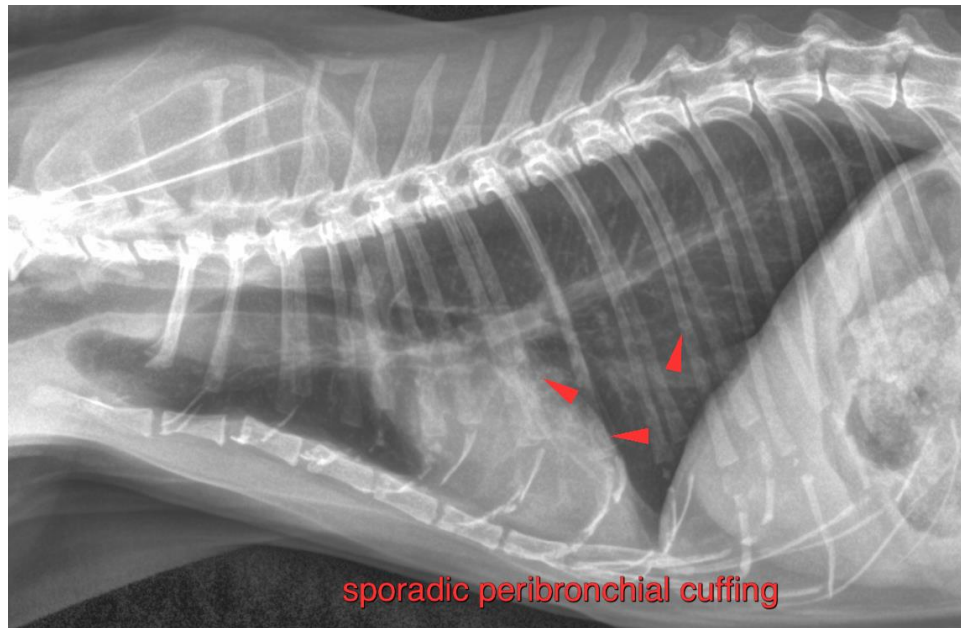
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SPECIES

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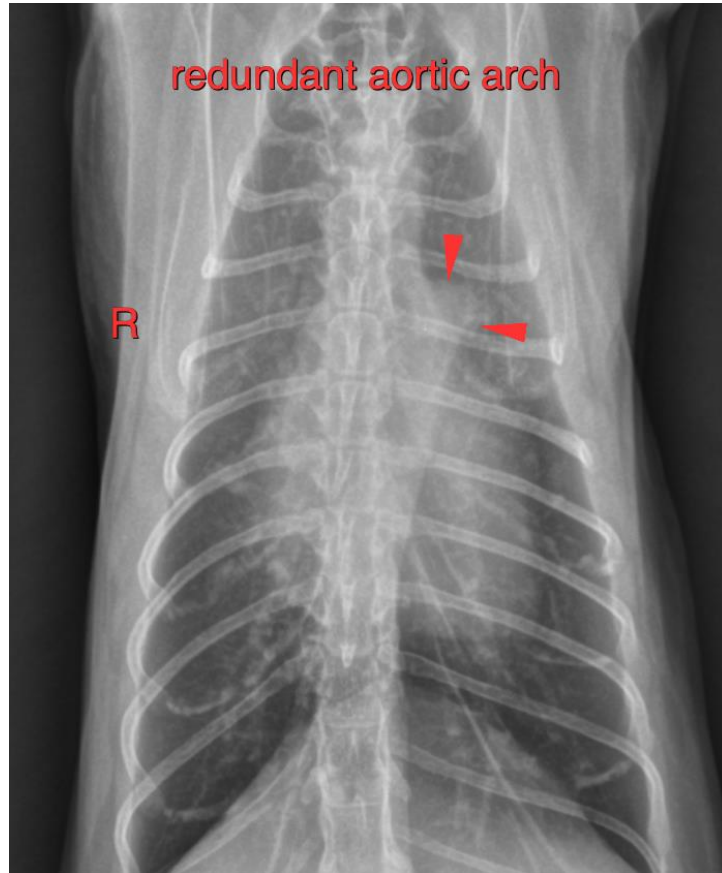
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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