



**PATIENT**

Bear Bear Frederick

**PRESENTING CLINICAL SIGNS**

History of chronic, dry, non-productive cough. Occurring once to twice daily. No sneezing noted. No dyspnea, tachypnea or abdominal effort noted.

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

DSH

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**SEX**

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.

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

**AGE**

6 Years

Generalized moderate peribronchial cuffing is appreciated. There is a generalized mild ground glass opacification of the lung parenchyma.

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

**RADIOGRAPHIC DIAGNOSIS**

- Moderate bronchial lung pattern
- No sign for air-trapping

**HOSPITAL NAME**

Gentle Doctor Animal  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bronchial lung pattern is suggestive for bronchitis ('feline asthma') – commonly primary allergic ± bacterial superinfection. Primary infectious bronchitis – viral, bacterial, Mycoplasma, parasitic – is a consideration as well but considered less likely due to the chronicity of clinical signs.

**REFERRING VET**

Dr. Sergio Valadez

**INVOICE**

56586

**DATE**

2-6-23



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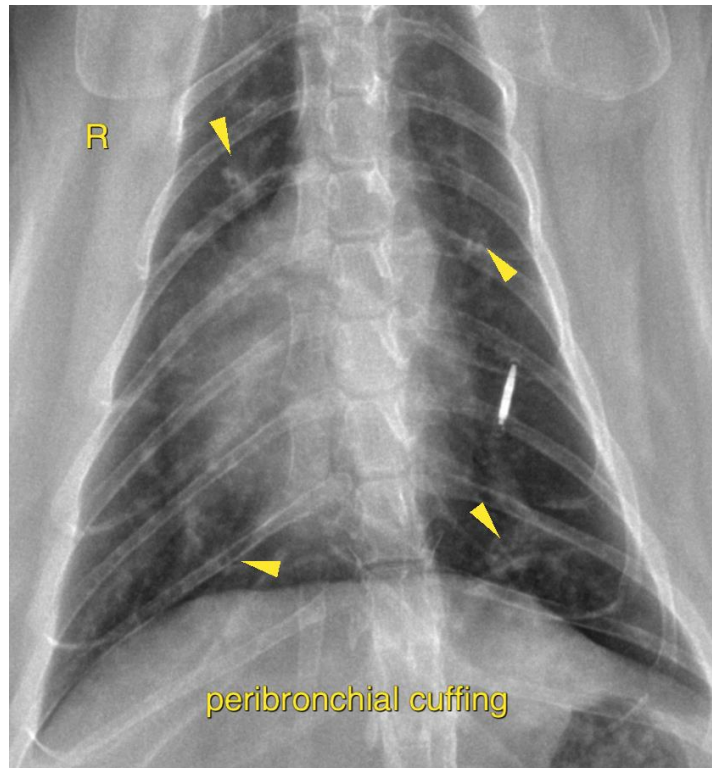
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com