



**PATIENT PRESENTING CLINICAL SIGNS**

Cricket Papst Chronic upper resp concerns- brought in today for acute abnormal breathing and lethargy  
 Abnormal PE/Chem/CBC/UA Results: okayed cbc wnl comp also wnl felv/fiv=negative no concern with a:g ratio (1.2) O2 saturation 99% xrays concern for increased opacity in cranial chest fluid?  
**SPECIES** decrease in abdominal detail also fluid? young overweight cat plan is to send out to sonopath both of the cats have had ongoing upper resp concerns RX Prednisolone 5 mg bid 3 days while we wait on sonopath report RX Clavamox drops 1 ml bid 7 days continue fortiflora  
 Feline

**RADIOGRAPHIC STUDY OF THE THORAX**

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

DSH **RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX** The extrathoracic soft tissues present homogeneous without abnormalities.

Female Spayed 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.

**AGE** The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

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

**INTERPRETED BY**

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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

**HOSPITAL NAME**

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

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 Centre

**RADIOGRAPHIC DIAGNOSIS**

- Very mild bronchial pattern

**REFERRING VET**

Dr. Cindy Nowle

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild bronchial pattern in combination with the history of upper respiratory tract infection is suggestive for accompanying bronchitis. The increased radiopacity of the cranial lung field is likely a sequela to the thymus within the cranial mediastinum - no abnormalities of the lung parenchyma or signs of pleural effusion are appreciated.

**INVOICE**

57467 No evidence of peritoneal effusion.

**DATE**

3-27-23



**PATIENT**

Cricket Papst

**SPECIES**

Feline

**BREED**

DSH

**SEX**

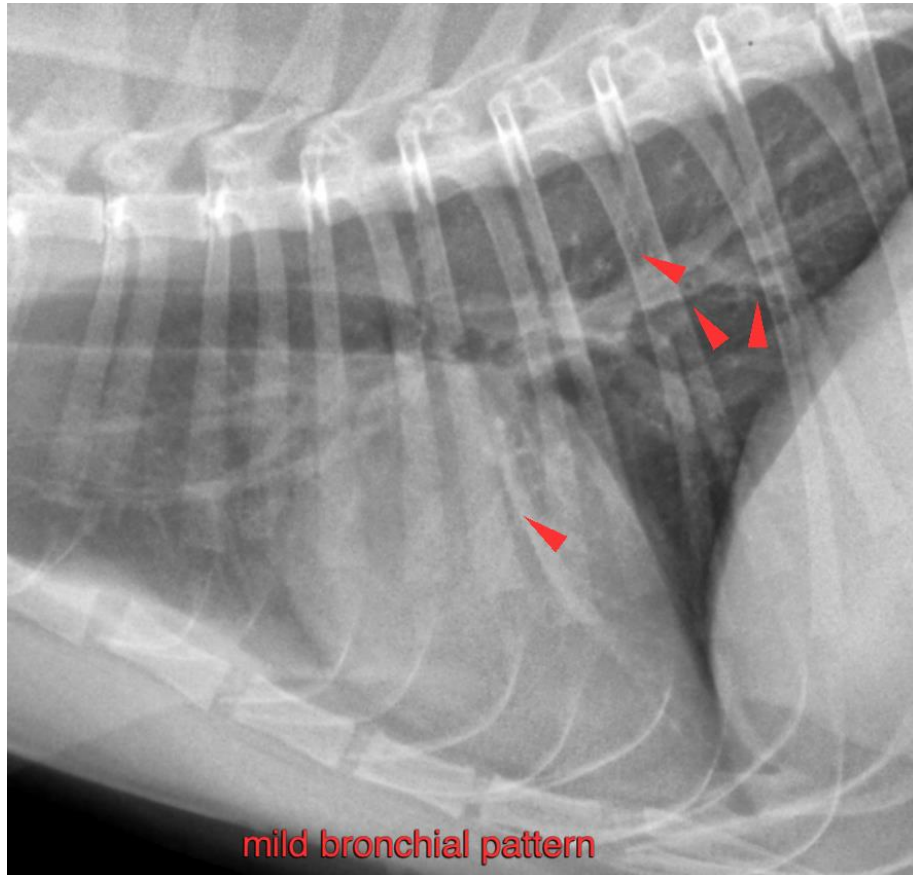
Female Spayed

**AGE**

11 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI



**HOSPITAL NAME**

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Centre

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.

**REFERRING VET**

Dr. Cindy Nowle

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

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