



PATIENT

Rocky Smith

PRESENTING CLINICAL SIGNS

Hx of upper respiratory issues. Full cat wellness radiographs.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

DMH

Regarding the anatomy, the electronic imaging marker 'L' is indicating the right side of the patient.

SEX

MN

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.

AGE

14 Years, 7 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Multiple randomly distributed, well-defined soft tissue nodules are seen throughout the left lung lobes. Multifocal moderate to marked peribronchial cuffing is noted. The right cranial lung lobe presents a zone with mild granular mineralization level with the bronchial walls.

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

HOSPITAL NAME

Tahoe Intergrative
Veterinary Care

RADIOGRAPHIC DIAGNOSIS

- Structured nodular interstitial lung pattern
- Bronchial lung pattern with evidence of mild broncholithiasis

REFERRING VET

Dr Wendy Robinson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is suggestive for chronic inflammatory lower airway disease – inflammatory versus infectious – with broncholithiasis. Although bronchogenic carcinoma might present with a bronchial lung pattern as well.

INVOICE

50712

The pulmonary nodules are equivocal for zones of round pneumonia/ mucus impaction or pulmonary metastasis. Depending on the clinical signs, a clinical trial with antimicrobial drugs might be considered with follow up radiographs to check for regression/progression of the pulmonary lesions.

DATE

3-3-22



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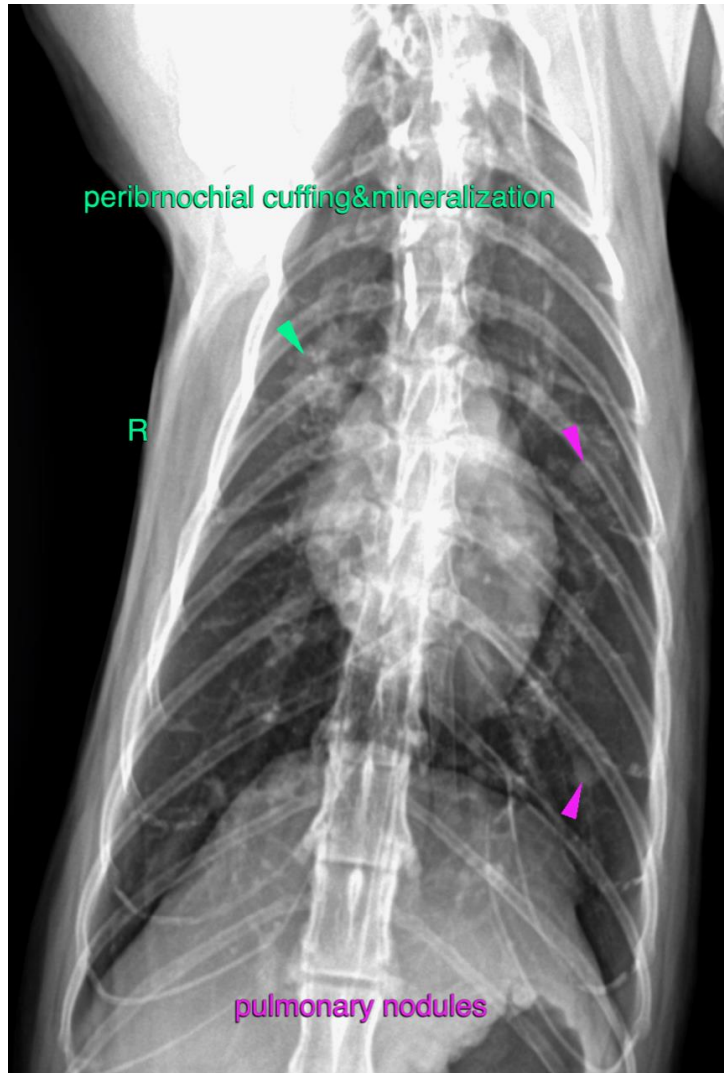
Dr Wendy Robinson

INVOICE

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DATE

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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
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