



**PATIENT**

Teddy Bear Bergs

**PRESENTING CLINICAL SIGNS**

Patient presents today for recheck and CT/Rhino. Patient has had nasal discharge, coughing, and sneezing since Sept. 2022. In 12/22 they saw RDVM radiographs suggested bronchitis vs. feline asthma, diagnosed heart murmur II-III/IV. In January of this year patient is sneezing and nasal discharge was progressively getting worse-heart murmur also progressed to III-IV/VI

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax are provided for review.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

The bony and surrounding soft tissue structures are within normal limits.

**SEX**

NM

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

**AGE**

14

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The cranioventral parts of the lung parenchyma bilaterally present ill-defined confluent zones with consolidation of the lung parenchyma, the volume of the respective areas of the lung is decreased. Multiple bronchial segments of the bronchial walls present a moderate thickened wall and multiple small peripheral bronchi are consolidated.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

Motion artefacts are present in the cranial abdomen.

**HOSPITAL NAME**

Critical Vet  
Care/Suncoast  
Veterinary

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

**REFERRING VET**

Dr. Young

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**INVOICE**

57081

The liver is normal in size and shape. In the hepatic parenchyma, well-defined, roundish hypoattenuating areas are visible.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**DATE**

3-6-23

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



**PATIENT**

The bony and surrounding soft tissue structures reveal no abnormalities.

Teddy Bear Bergs

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Bronchial lung pattern and zones with alveolar pattern cranioventral aspects of the lung parenchyma
- Suspect hepatic cysts.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bronchial lung pattern is compatible with bronchitis – primary inflammatory non-infectious versus infectious (e.g. bacterial, viral, parasitic). The consolidation of multiple small peripheral bronchi is likely caused by inspissated mucus. The consolidated areas of the lung parenchyma can be a sequela to dystelectasis, the most likely potential is pneumonia. Referring to the history of upper airway infection, rule out upper infectious airway disease as trigger for the bronchitis/bronchopneumonia.

**BREED**

DSH

**SEX**

NM

Differentials for the suspected hepatic cysts are regeneration nodules, metabolic hepatic disease or less likely here hepatic metastasis.

**AGE**

14

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Critical Vet  
Care/Suncoast  
Veterinary

**REFERRING VET**

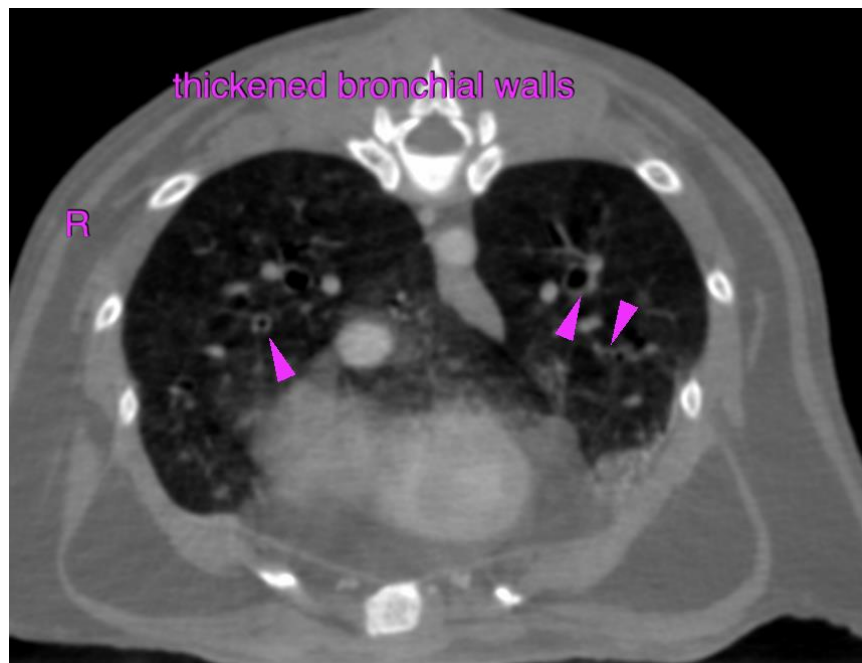
Dr. Young

**INVOICE**

57081

**DATE**

3-6-23





**PATIENT**

Teddy Bear Bergs

**SPECIES**

Feline

**BREED**

DSH

**SEX**

NM

**AGE**

14

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Critical Vet  
Care/Suncoast  
Veterinary

**REFERRING VET**

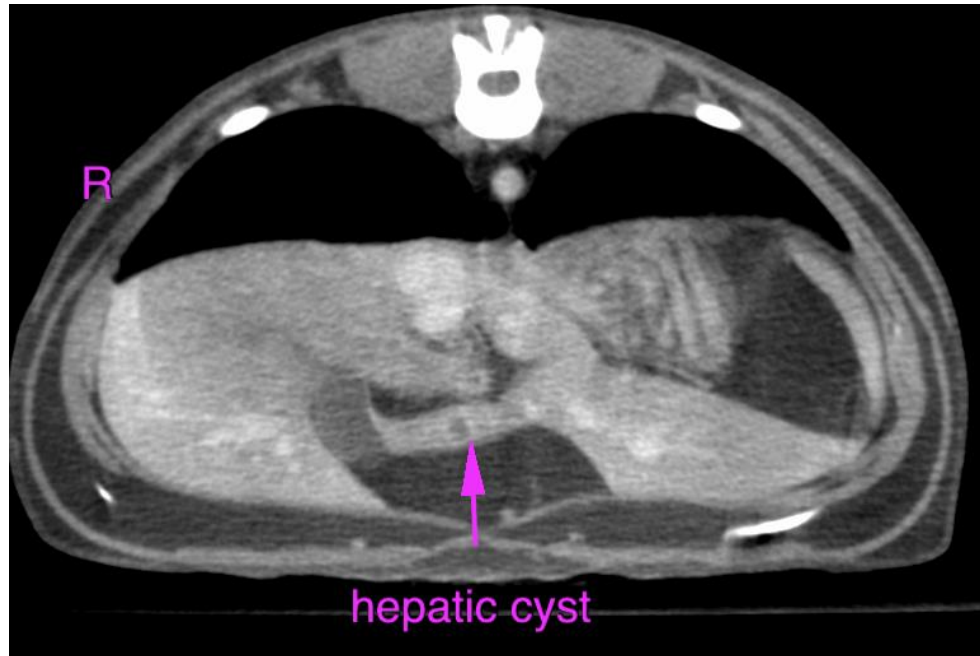
Dr. Young

**INVOICE**

57081

**DATE**

3-6-23



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