



PATIENT PRESENTING CLINICAL SIGNS

Shadoe Delvalle Pt presented for possible choking. O noted gagging and white foam around pt's mouth 10mins prior to presentation. The last couple of days, pt has been gagging like she's trying to get a hairball up, but not producing anything. O reports pt has been eating more and drinking more over the last couple of months. PE: dehydrated, no murmur noted, but difficult to auscultate, abd breathing, improved when given oxygen.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

DSH

RADIOGRAPHIC FINDINGS

Multifocal spondylosis formation is seen along the thoracic spine. The intervertebral disc spaces along the thoracic spine are narrowed.

SEX

The extrathoracic soft tissues present homogeneous without abnormalities.

SF

The heart is prominent. The caudal vena cava is prominent. The pulmonary vasculature is within normal limits.

AGE

18 Years

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.

INTERPRETED BY

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

In the midline, cranial to the diaphragm, a roundish soft tissue opacity is seen, measuring approximately three intercostal spaces in diameter – the caudal margin are merging with the diaphragm. The caudal lung lobes present a significant unstructured reticular pattern, effacing the pulmonary vasculature.

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

HOSPITAL NAME

The Pet Hospital of Stratford

RADIOGRAPHIC DIAGNOSIS

- Soft tissue opacification midline cranial to the diaphragm
- Significant unstructured interstitial lung pattern caudal lung field
- Mild cardiomegaly
- Dilated caudal vena cava

REFERRING VET

Dr. Giuliani

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

57705

The appreciated soft tissue opacity in the midline, cranial to the diaphragm can present sliding hiatal hernia or paraesophageal hernia and might be an incidental finding. However, the diagnosis is not definitive differentials can include esophageal mass (e.g. neoplasia, abscess, granuloma), small diaphragmatic hernia with prolapse of liver or pulmonary mass adjacent to the diaphragm. Follow up radiographs of the thorax ± barium swallowing study can be used to check if the soft tissue opacity is reproducible, a CT study can be used for further differentiation as well.

DATE

4-10-23

The unstructured interstitial lung pattern can be due to pneumonitis (inflammatory versus infectious), metastatic disease, systemic disease (e.g. pancreatitis, IMHA, renal disease), fibrosis. Given the mild cardiomegaly cardiogenic pulmonary edema is a differential and might be supported by the enlarged



PATIENT caudal vena cava, but there are no signs of overt pulmonary vascular enlargement.

Shadoe Delvalle Other potentials for the enlargement of the caudal vena cava include pericardial disease, tumor/thrombus, pulmonary hypertension. Complementing workup by a cardiac echo is considered ideal to rule in/out underlying cardiac disease entirely. Transdiaphragmatic ultrasound may also allow visualization of the soft tissue structure cranial to the diaphragm.

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INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

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REFERRING VET

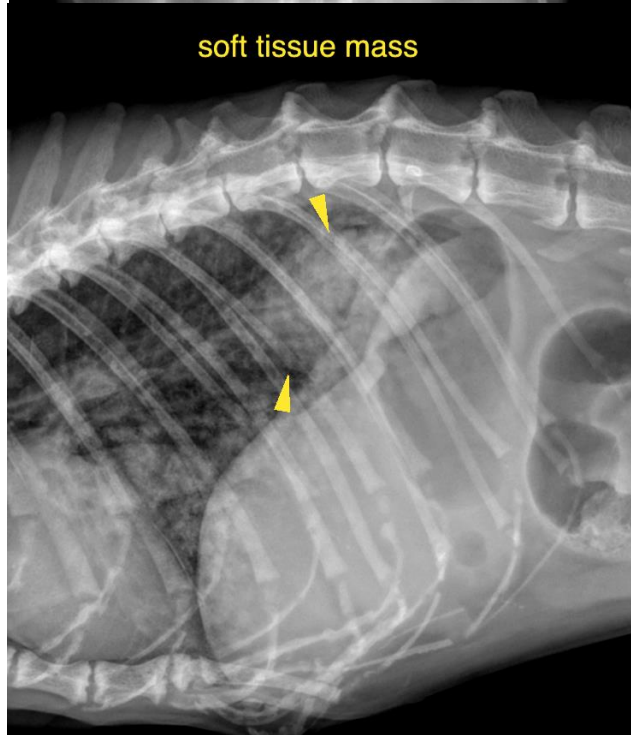
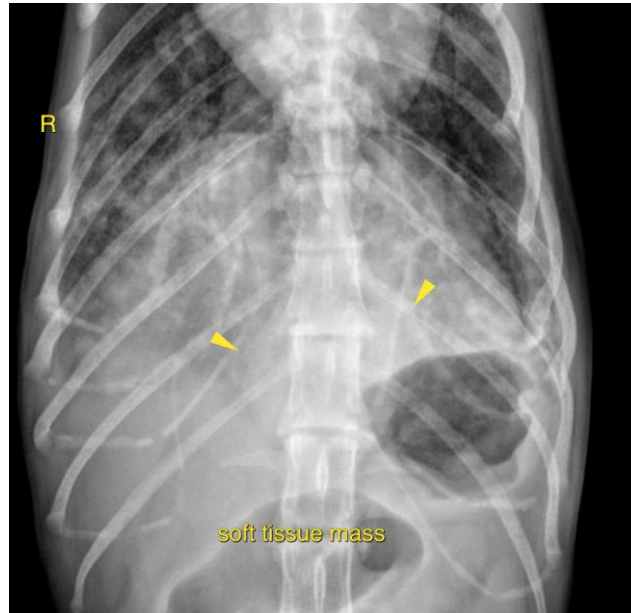
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PATIENT

Shadoe Delvalle

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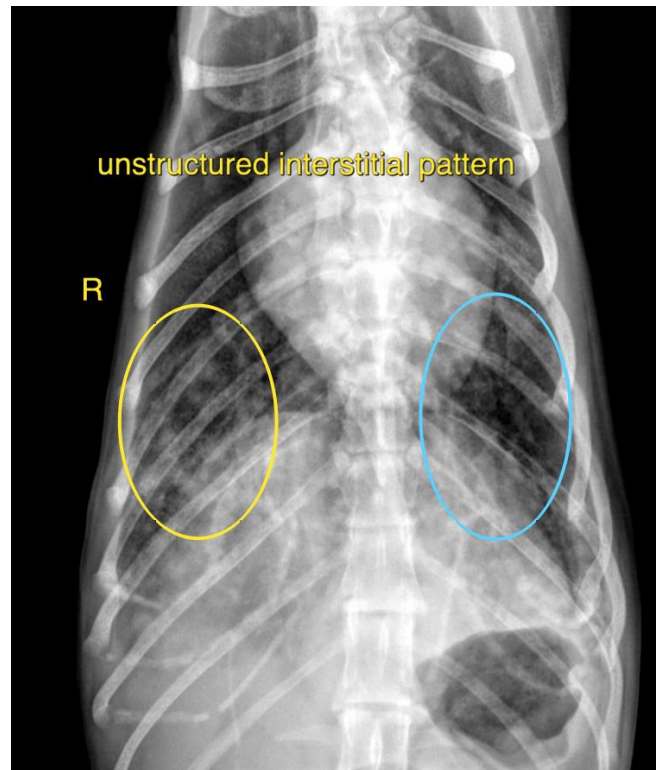
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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