



PATIENT

Miss Kitty Mozel

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Female Spayed

AGE

18 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

North Idaho Animal
Hospital (VCA)

REFERRING VET

Dr. Jolee Stegemoller

INVOICE

51537

DATE

4-14-22

PRESENTING CLINICAL SIGNS

History: Presented for senior exam and heart murmur was noted. Patient has been intermittently vomiting; owner reports this can happen with eating her food quickly and also feels that she's been stressed at home. Patient appears to be in very good condition for geriatric age and owner reports playful attitude including climbing trees. Primary reason for ultrasound/radiograph referral: Goal is to make sure that she is well enough for anesthesia for dentistry given murmur and to look for possible occult hyperthyroidism

Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: CBC unremarkable, SDMA 21, Cre 2.0, BUN 29, ALT 25, CK 718, USG 1.036, pH 7, proteinuria 2+, RBC 2-5/hpf (cysto), mucous present, TT4 2.4, HW antigen and antibody negative. Other diagnostics available (ie. Blood pressure, radiographs, etc): Thoracic radiographs and echocardiogram have been submitted separately. FT4ED and TSH have been submitted to Idexx. BP is WNL (systolic <130), UP/C: <2.0 Abnormal physical exam findings: Thin BCS 4/9, slight anisocoria, HR 180, no arrhythmia, normal pulses, periodontal disease grade 3/4

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

Moderate spondylosis formation is seen along the thoracic spine.

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 vertebral heart score is 7.2. Redundancy of the aortic arch is appreciated.

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

Multifocal mild thickening of the bronchial walls is appreciated.

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

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

A small amount of metal opaque granular material is seen in the stomach.

RADIOGRAPHIC DIAGNOSIS

- Mild bronchial pattern without signs of air-trapping
- Redundant aortic arch - incidental
- Spondylosis deformans



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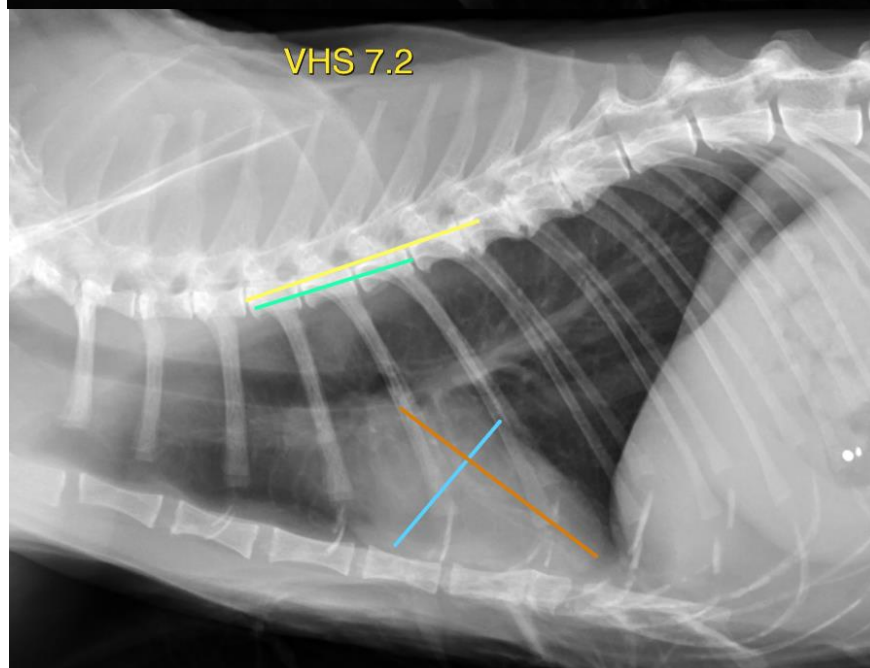
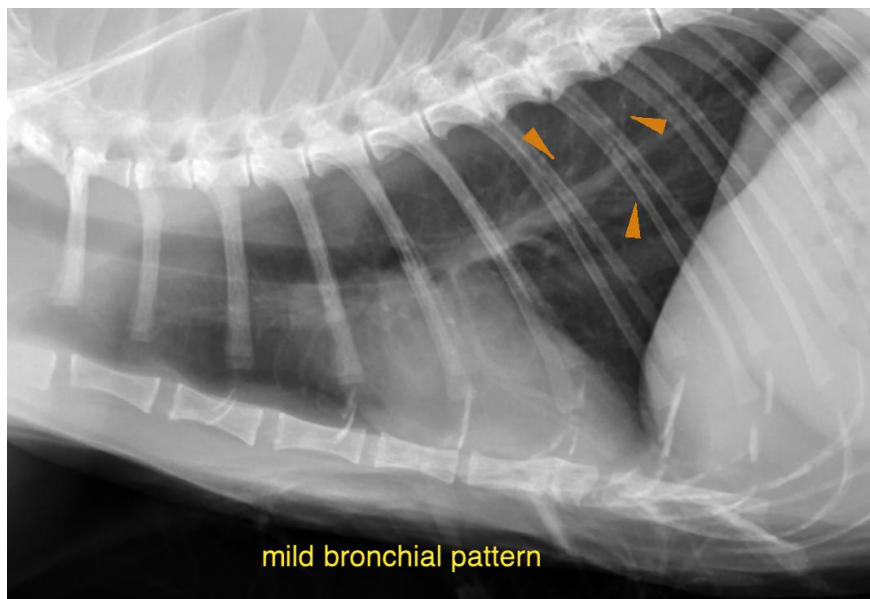
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial pattern is suggestive for feline bronchial disease, due to the lack of clinical signs the clinical relevance is questionable.

No radiographic changes of the cardiovascular structures are appreciated – a cardiac echo has already been performed for further workup of the reported heart murmur.





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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.

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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.

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sebast.schaub@gmail.com

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