



**PATIENT PRESENTING CLINICAL SIGNS**

**Sasha Garcia**  
Reason for Visit: Wheezing History: P presents for wheezing for about 1 month now. O adopted P 1 month ago and states that P always sounded like that...NOT WHEEZING, IS UPPER AIRWAY CONGESTION. Shelter records indicate P did have wheezing present there, but no signs of URI. O did take P to vet on 3/29 and she was put on Famciclovir, Doxy, FortiFlora, and Pyrantel. O states P's nose had some discharge during past vet visit but no longer present, loud wheezing still present. P is also overgrooming by her right/ventral abdomen.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR, very friendly EENT: N, no visible polyp in either ear canal. Left pupil slightly smaller than right...very subtle, could be normal variation Oral Cavity: No visible polyp on oral exam Heavy tartar, gingivitis, gum erosion 108, rest of teeth mild-mod tartar Lymph Nodes: N Skin: Flea dirt, miliary dermatitis ventral belly, thighs, very pruritic CV/Respiratory: Moderate upper airway congestion, no nasal discharge. Referral upper airway sounds when ausculting lungs Abd/GI: N Uro/Perineum: N Musculoskeletal: BCS 6-7/9 Neurological: N

**RADIOGRAPHIC FINDINGS**

**Neck & Thorax**

The body condition score is 7/9.

**AGE**

3 Years

The tympanic bullae appear aerated and with thin and smooth osseous margins in the lateral projection.

The soft tissue and osseous structures of the neck are within normal limits.

The vertebral endplates C6/C7 and T9/T10 present moderate spondylosis formation.

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.

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

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

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Feldt

**INVOICE**

51704

**RADIOGRAPHIC DIAGNOSIS**

- Obesity
- Spondylosis deformans

**DATE**

4-23-22



**PATIENT**

Sasha Garcia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the neck and thorax presents without clinically relevant abnormalities. If clinical signs indicate upper airway congestion, recommend complementing workup by thorough upper airway exam ± CT study of the skull.

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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.**

**INVOICE**

51704

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

**DATE**

4-23-22