



PATIENT PRESENTING CLINICAL SIGNS

Lucas MeowSquad Rescue
SPECIES Feline
BREED DSH
SEX Neutered Male
AGE 7 Years

History of HCM-heart murmur grade III. Few month history of on/off labored breathing (hacking at times, making a groaning/growling sound at times), on/off decrease in appetite and a decrease in weight. Heart disease is being managed by the primary DVM, echocardiogram performed about 4 months ago. Currently on Atenolol 25mg 1/4 tab PO SID (10am), Enalapril 2.5mg 1 tab PO BID (10am and 10pm), Furosemide 12.5mg 1 tab PO BID (8am and 8pm), and Metoclopramide PO PRN (for gas build up according to the foster). RR and effort was never 100% improved on the medications. Abdominal ultrasound was recently performed to further investigate that lack of appetite and weight loss-this was overall unremarkable. Presenting client is the foster of Lucas for Meow Squad Rescue. Diagnosis: Progressive respiratory difficult over month. Grade 2-3/6 heart murmur: hypertrophic cardiomyopathy- on atenolol, enalapril, furosemide. Radiographs on 4-25-23: Severe esophageal dilation and gastro-esophageal junction appearance concerning for primary abnormality at the level of the esophageal hiatus. Thoracic hyperventilation. Microcardia and hypovascularity most likely due to hypovolemia. Mild pectus excavatum. Plan: Consider CT scan of head through thorax today. *Larynx appeared thickened at intubation.

Abnormal PE/Chem/CBC/UA Results: CBC- Elevated values= WBC=21.0, NEU=16.02, MON=2.03
 Decreased values= PLT= 147
 CHEM- Elevated values= GLU= 135, BUN=37, TP= 9.3, GLOB= 6.0
 Decreased values= K- 3.1, Cl- 111

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

A high-resolution plain CT study of the skull and thorax are provided for review.

INTERPRETED BY COMPUTED TOMOGRAPHIC FINDINGS

Sebastian Schaub, DVM Dr. med. vet. DipECVDI
Skull
 The tooth elements 107-109, 208, 209 are absent.

HOSPITAL NAME Animal Surgical Center
 The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The region of the vocal folds of the larynx is asymmetric and irregular mineralization is seen in the region of the left arytenoid cartilages.

REFERRING VET N/A
 Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

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Thorax
 The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

DATE
 4/27/23



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

The esophagus is generalized distended by gas. The gastroesophageal sphincter is dilated and continuous with the esophagus. No mural abnormalities are appreciated.

SPECIES

Feline

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

BREED

DSH

The lung parenchyma presents the expected architecture and attenuation behavior.

SEX

Neutered Male

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect laryngeal intramural mass with dystrophic mineralization
- Dilated esophagus
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

AGE

7 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the CT study are concerning for intramural laryngeal mass – neoplastic disease such as squamous cell carcinoma, lymphosarcoma, or granulomatous inflammation (e.g. eosinophilic granuloma) are considered most likely. The finding would be a plausible source for the described clinical signs. Recommend FNA sampling/biopsy of the larynx for further specification.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

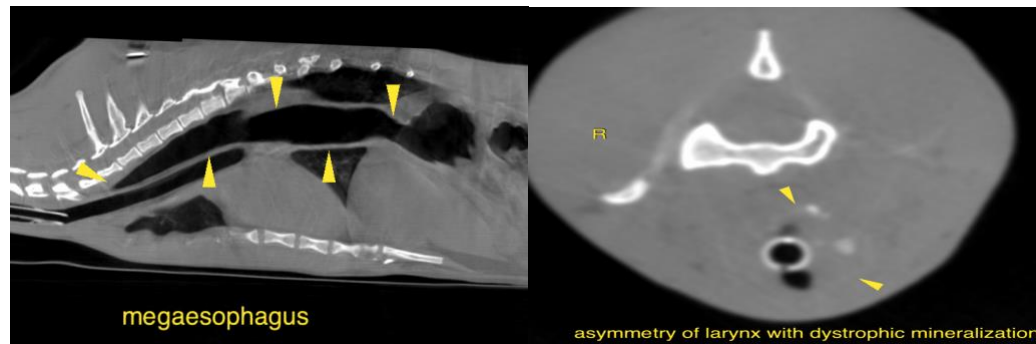
The appreciated megaesophagus might be accentuated by general anesthesia and can be a sequela to increased resistance of the upper airways.

HOSPITAL NAME

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Center

REFERRING VET

N/A



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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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