



**PATIENT PRESENTING CLINICAL SIGNS**

Annie Fugazi Owners noticed gurgling when purring and Annie has been having episodes of Wheezing with her neck stretched out.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Mucous Membranes Pink, moist, CRT <2 seconds Hydration Adequate based on mucous membranes and skin turgor. Abdomen Soft, nonpainful, no masses, no organomegaly. Rectal examination not performed. Cardiovascular/ Respiratory No murmur or arrhythmia. Lungs auscult normally. Eupnic. Eye, Ears, Nose, Throat SCLEROSIS NORMAL FOR AGE. No nasal or ocular discharge. Normal examination. Genitourinary No discharge or irritation. No anal gland enlargement. Lymph Nodes No enlargement.

**BREED** Musculoskeletal Ambulatory X 4, normal gait. Neck, spine, and tail are normal. Limb palpation is normal. No loss of proprioception. Neurologic Alert, normal cranial nerve function. Oral Normal examination- MILD TARTAR Skin / Coat No masses. Full healthy hair coat. JUST A BIT UNKEMPT Body Condition: Very Thin Thin Good Heavy Very Heavy Exam Notes: GENERALIZED MUSCLE ATROPHY

Domestic Short Hair

**SEX RADIOGRAPHIC STUDY OF THE NECK, THORAX & ABDOMEN**

Spayed Radiographs of the neck, thorax and abdomen in multiple projections are provided for review.

**AGE RADIOGRAPHIC FINDINGS**

7 Years Neck

The intervertebral disc space C2/C3 is moderately narrowed.

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

Thorax

The surrounding bony structures are within normal limits.

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 left caudal lung lobe is consolidated and presents a significantly decreased volume. The left crus of the diaphragm is in a relative cranial position and a midline shift of the heart to the left is seen. The left caudal & accessory lung lobe are extending to the left side of the thorax. The lung parenchyma presents a generalized mild to moderate ground glass opacification and generalized thickening of the bronchial walls.

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

Abdomen

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Elizabeth Animal Hospital

**REFERRING VET**

Leon Anderson, DVM

**INVOICE**

51345

**DATE**

4-4-22



**PATIENT** Multifocal mild spondylosis formation is seen along the lumbar spine

Annie Fugazi No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

**SPECIES** The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

Feline The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity.

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Both kidneys are seen and present with normal size, shape, delineation and opacity. Mineralized material is seen in the imaging plane of the renal pelvis bilaterally. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the lower urinary tract.

**SEX**

Spayed

The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

**AGE**

7 Years

The colon is seen in the expected position and presents with appropriate content.

**RADIOGRAPHIC DIAGNOSIS**

- Moderate bronchial lung pattern with mild interstitial component
- Suspect broncholithiasis
- Consolidated left caudal lung lobe with significant decrease in volume
- Discopathy C2/C3
- Nephrolithiasis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The broncho-interstitial lung pattern and the broncholithiasis are likely a sequela to chronic feline bronchial disease ± bacterial or viral superinfection. The consolidation of the left caudal lung lobe is very likely a sequela to bronchial mucus plugging and secondary resorption atelectasis and/or chronic hepatizing pneumonia; a potential is extramural bronchial compression or intramural mass of the bronchus of the left caudal lung lobe causing bronchial obstruction – considered less likely.

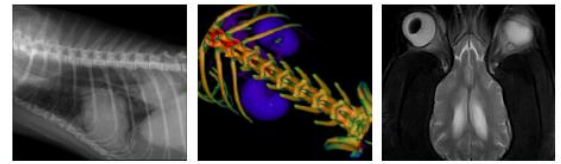
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A CT study of the thorax can be used as advanced imaging modality, to confirm the diagnosis and rule out intraparenchymal mass of the left caudal lung lobe. FNA sampling of the consolidated left caudal lung lobe can be used as minimally invasive advanced diagnostic test as well. A clinical trial with empirical management of feline bronchial disease – including antimicrobial therapy – can be considered alternatively, recheck radiographs in 4-6 weeks might be beneficial.

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**PATIENT**

Annie Fugazi

**SPECIES**

Feline

**BREED**

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**SEX**

Spayed

**AGE**

7 Years

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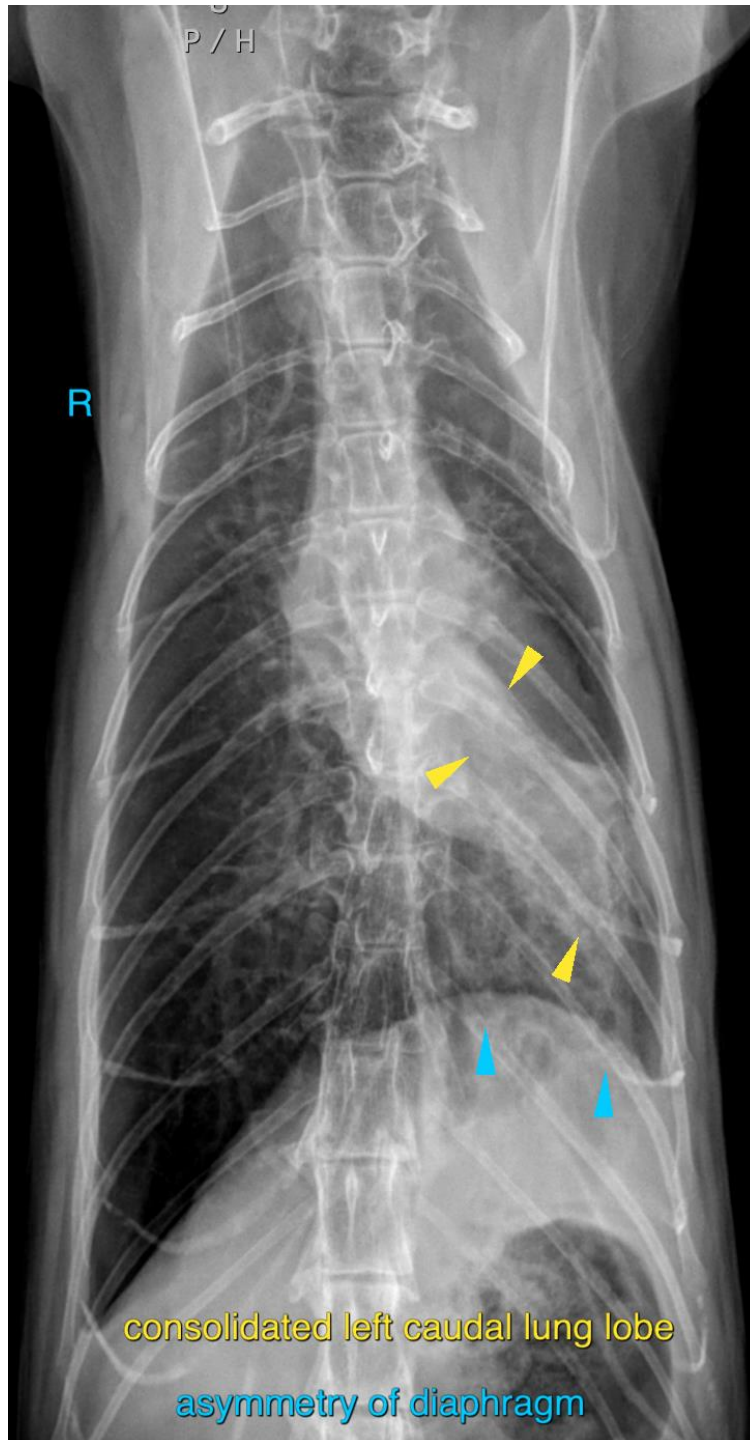
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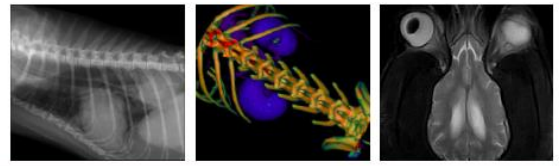
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**PATIENT**

Annie Fugazi

**SPECIES**

Feline

**BREED**

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**SEX**

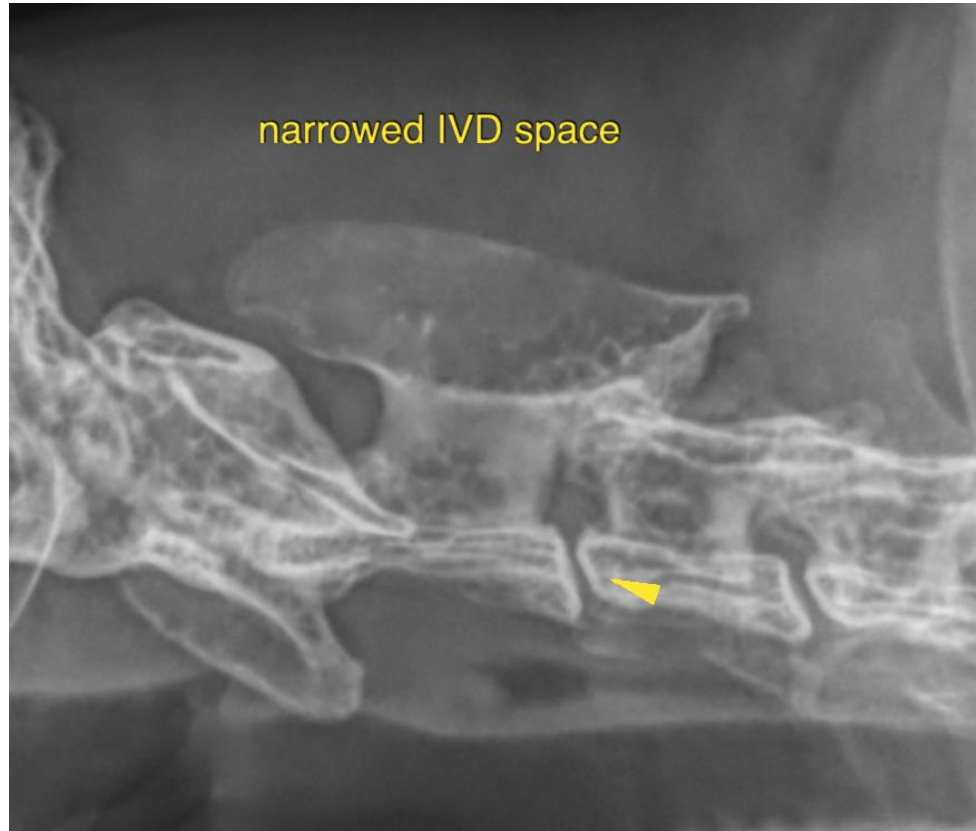
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Leon Anderson, DVM

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

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