



PATIENT PRESENTING CLINICAL SIGNS

Stubby Rice History of severe bronchopneumonia 1 year ago. CT scan also identified cardiomegally at that time. History of chronic stridor and dyspnea, has gotten significantly worse in the past week. Abnormal PE/Chem/CBC/UA Results: Audible Stridor and squeaks and rubs on lung auscultation. Evidence of nasal discharge, occasional sneezing and coughing. Mildly cyanotic mucus membranes. Unable to auscult for heart murmur due to increased upper and lower airway sounds.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

BREED

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

DSH

RADIOGRAPHIC FINDINGS

SEX

The surrounding bony structures are within normal limits.

SF

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

The cardiac silhouette is prominent and presents a mild concave conformation of the caudal contour.

1 Year, 8 Months

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

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

The lung parenchyma presents a generalized moderate ground glass opacification, effacing the pulmonary vasculature.

HOSPITAL NAME

Reid Veterinary Hospital

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

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Diane Heider

- Moderate unstructured interstitial lung pattern
- Mild cardiomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

52025

The findings of the lung are concerning for interstitial pneumonitis (inflammatory non-infectious versus infectious (viral, Mycoplasma, parasitic)) ± pulmonary fibrosis. Pulmonary non-cardiogenic edema is a consideration as well, the pattern and chronic clinical course are a typical for cardiogenic pulmonary edema. Given the cardiomegaly, recommend a cardiac echo for assessment of cardiac chamber size and function and to rule out congenital abnormalities of the heart. Bronchoscopy including BAL or a transtracheal wash would be ideal for further workup as well. A clinical trial with antimicrobial and anti-inflammatory drugs can be tried alternatively and if cardiac disease can be ruled entirely.

DATE

5-10-22



PATIENT

Stubby Rice

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

1 Year, 8 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Reid Veterinary
Hospital

REFERRING VET

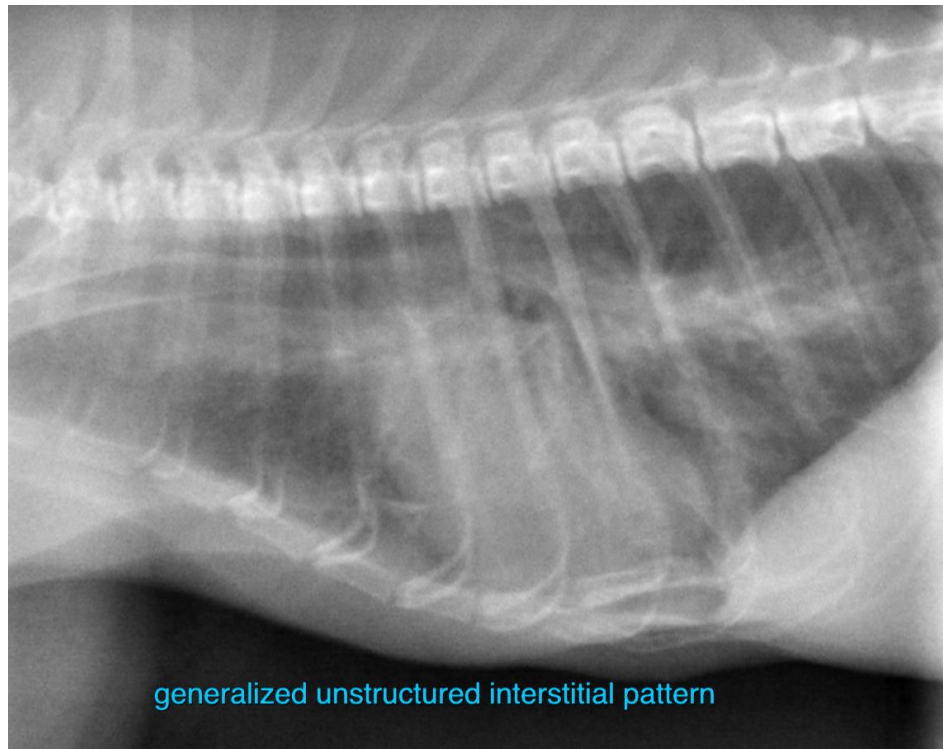
Dr. Diane Heider

INVOICE

52025

DATE

5-10-22



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