**DATE PRESENTING CLINICAL SIGNS**

5-2-22 Pet has had weight loss, balancing issues, and some mild otitis with intact TM. Unkempt coat. Rads showed possible shifted stomach axis and potential suspicious cranial chest/mediastinum. Abdominal AUS performed 4-27-22; report attached. Current Medications: Dermavet Oint 15 ml: 8 drop AU bid x14 days (starting on 4/15/2022). Abnormal PE/Chem/CBC/UA Results: Eos 3096; R/O parasites /IBD/Food allergy/ Lymphoma/ MCT. Chemistry WNL, T4 = 2.1.

PATIENT

King Solomon Eyler

RADIOGRAPHIC STUDY OF THE THORAX**SPECIES**

Radiographs of the thorax in two imaging planes are provided for review; images are dated 4/15/22.

Feline

RADIOGRAPHIC FINDINGS**BREED**

The surrounding bony structures are within normal limits.

DSH

The extrathoracic soft tissues present homogeneous without abnormalities.

SEX

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The aortic arch is prominent and can be seen as curved soft tissue opacity in the cranial mediastina, cranial to the heart. The pulmonary vasculature is within normal limits.

Male Neutered

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.

AGE

5-11-10

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.

INTERPRETED BYSebastian Schaub,
DVM

Dr. med. vet. DipECVDI

The lung parenchyma presents a mild to moderate ground glass opacification, caused by an unstructured reticular pattern, mildly blurring the peripheral pulmonary vessels; the intrapulmonary vascular branching is seen up to the third order lung vessels.

HOSPITAL NAME

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

Rolling Hills Animal
Hospital**RADIOGRAPHIC DIAGNOSIS**

- Mild to moderate unstructured interstitial lung pattern
- Redundant aortic arch

REFERRING VET

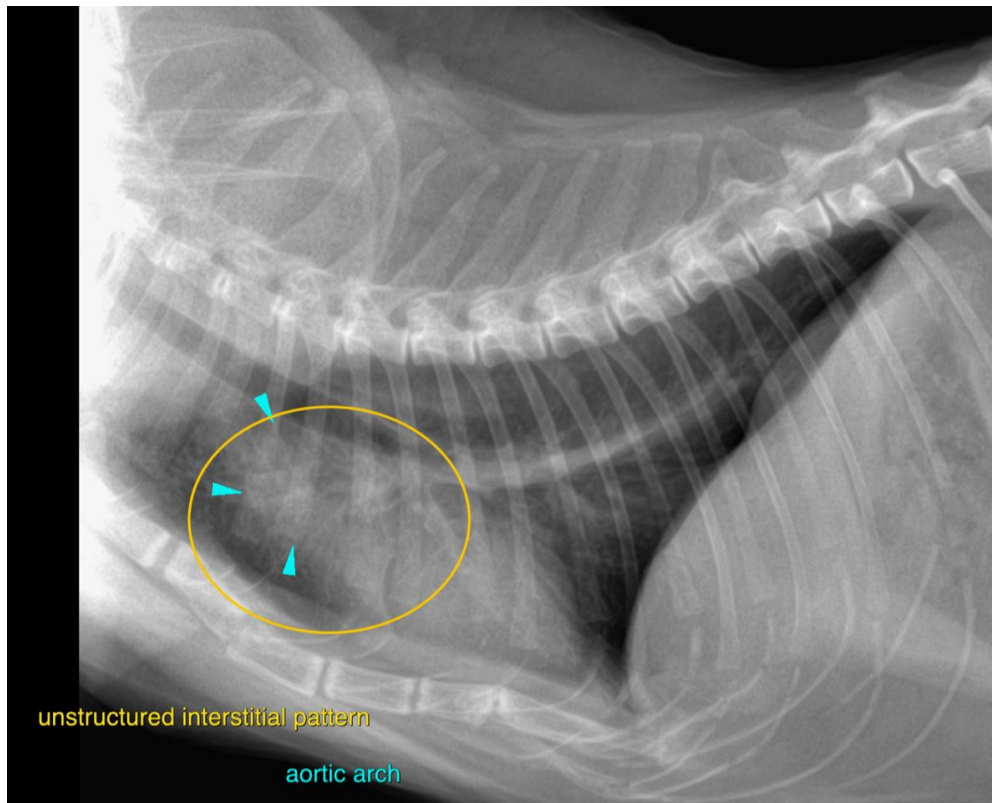
Dr. Gividen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INVOICE**

51892

The unstructured interstitial lung pattern is likely accentuated by the nutritional status and age related changes of the lung parenchyma. Not specific differentials for an unstructured interstitial lung pattern include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia, pulmonary edema in transition. Due to the lack of respiratory clinical signs, the clinical relevance is questionable. Anyway, a cardiac echo can be considered to rule out underlying cardiac disease entirely.

The soft tissue opacification of the cranial mediastinum is caused by a prominent (redundant) aortic arch and is considered as an age related finding. There is no evidence of a cranial mediastinal mass.



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.

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