



**PATIENT**

Charlie Polychronis

**PRESENTING CLINICAL SIGNS**

Coughing for a few weeks. Also has been vomiting grass.  
 Abnormal PE/Chem/CBC/UA Results: Tracheal cough elicited on exam. Heart murmur, 3/6.  
 Clear and eupnic

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

DSH

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX**

MN

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

14 Years

The cardiac silhouette is prominent and is occupying approximately 90% of the thoracic width in the VD view – likely accentuated by expiratory radiograph in the VD view. Mild redundancy of the aortic arch is noted, partially superimposing with the medial aspect of the left cranial lung lobe. The pulmonary vasculature is within normal limits.

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.

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

Generalized mild increased visibility of the bronchial walls is noted.

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.

**HOSPITAL NAME**

Pinebrook Animal  
 Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Mild bronchial pattern, no signs for air-trapping
- Potential cardiomegaly
- Redundant aortic arch

**REFERRING VET**

Dr. Britt Dubil

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild bronchial pattern is suggestive for bronchitis and primary inflammatory non-infectious origin (e.g. eosinophilic, lymphocytic plasmocytic, mixed) bronchitis or primary infectious (e.g. viral, bacterial, parasitic) bronchitis are considerations.

**INVOICE**

51884

The heart appears prominent and underlying cardiomyopathy should be ruled out by a cardiac echo.

**DATE**

5-3-22



**PATIENT**

Charlie Polychronis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Pinebrook Animal  
Hospital

**REFERRING VET**

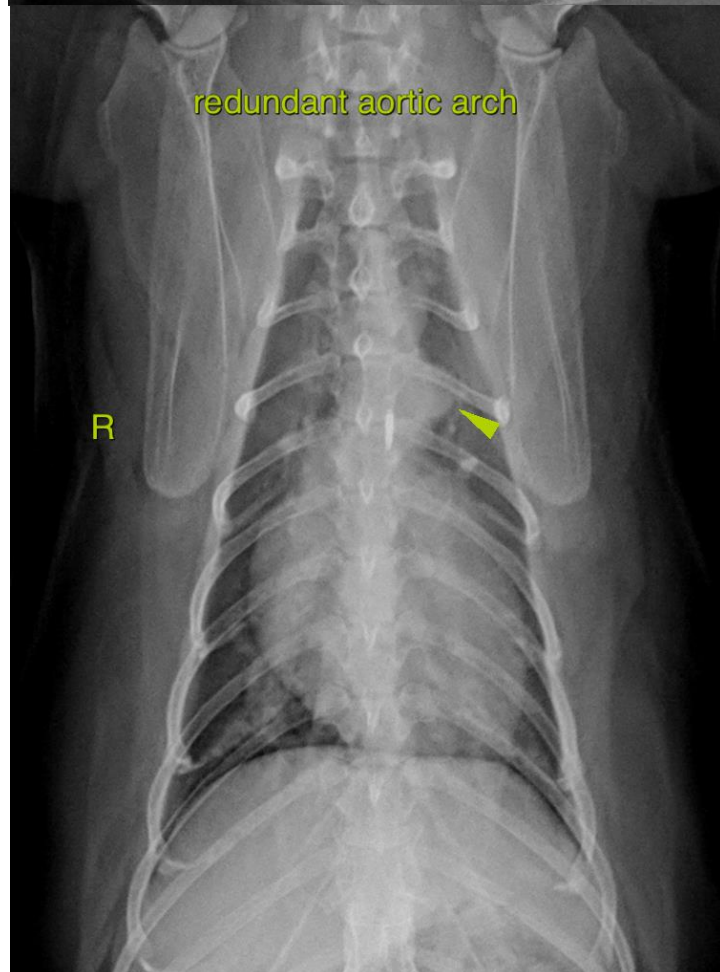
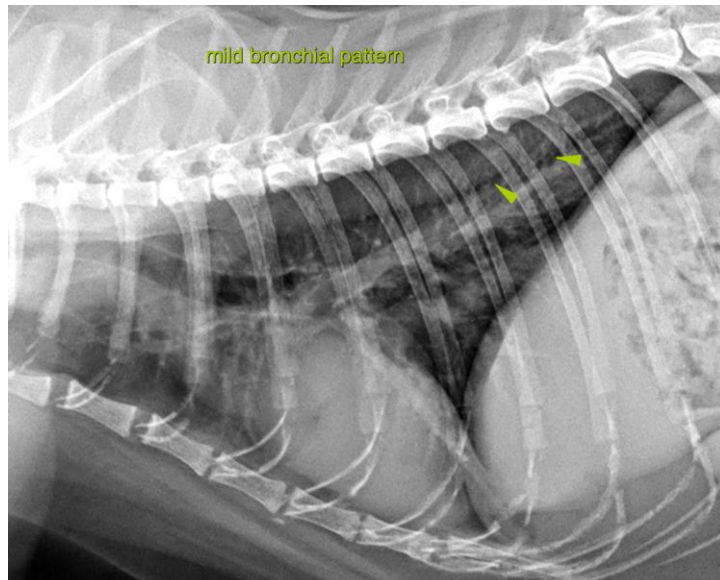
Dr. Britt Dubil

**INVOICE**

51884

**DATE**

5-3-22





**PATIENT**

Charlie Polychronis

**SPECIES**

Feline

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.

**BREED**

DSH

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.

**SEX**

MN

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**AGE**

14 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Pinebrook Animal  
Hospital

**REFERRING VET**

Dr. Britt Dubil

**INVOICE**

51884

**DATE**

5-3-22