



**PATIENT PRESENTING CLINICAL SIGNS**

Oscar Burga  
 P presented 3/2022 for coughing for the last 3.5 years that was progressively getting worse. O noted a coughing/snoring sound during sleep as well as open mouthed breathing/panting after exercise recently. P needed sedation for radiographs and O elected to wait. P presented on 5/3/22 and O noted coughing was significantly resolved from last visit when O put humidifiers throughout the house. However, last Thursday, O noted that P had a severe coughing fit/attack and could not catch his breath for several minutes. He has had one other significant coughing fit during the weekend prior to presentation but not as severe and was able to "catch his breath". She also states that since using the humidifiers, he exercises more often and doesn't have as much open mouth breathing after exercise although this still happens occasionally.  
 Abnormal PE/Chem/CBC/UA Results: 3/2022 - CBC/Chem - NSF 5/3/22 - Sedated for rads and cardioBNP sent to IDEXX (results pending)

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

MN

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

East Bend Animal Hospital

**REFERRING VET**

Jessica Puccetti DVM

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

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.

Moderate thickening of the bronchial walls is appreciated.

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.

**RADIOGRAPHIC DIAGNOSIS**

- Moderate bronchial lung pattern
- No signs of air-trapping

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bronchial lung pattern is most consistent with inflammatory lower airway disease and primary inflammatory non-infectious causes (e.g. feline bronchial disease, allergic, eosinophilic) ± bacterial superinfection or primary infectious origin – viral, bacterial, parasitic, protozoal need to be considered. The findings are a plausible explanation for the presenting clinical signs. Theoretically bronchogenic carcinoma can present with bronchial pattern in some cases, but this is considered unlikely here. Empirical management for inflammatory lower airway disease is recommended.

**INVOICE**

51877

**DATE**

5-3-22



**PATIENT**

Oscar Burga

**SPECIES**

Feline

**BREED**

Domestic Medium  
Hair

**SEX**

MN

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

East Bend Animal  
Hospital

**REFERRING VET**

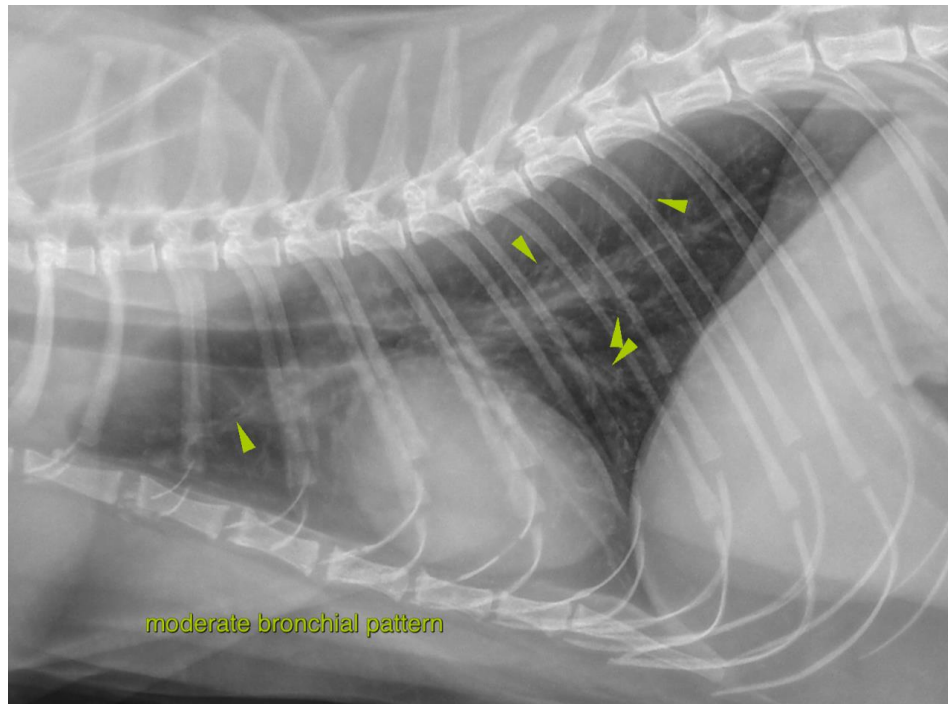
Jessica Puccetti DVM

**INVOICE**

51877

**DATE**

5-3-22



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