



PATIENT PRESENTING CLINICAL SIGNS

Rey Tanzola Dry heaving/coughing like sounds for last few weeks. Has history of getting into things but no incident reported in recent history. Non-smoking household. Cough is described as dry. Usually takes places at night time. Happens daily. Recent x-rays performed on April 25 showed evidence of marked narrowing of cervical tracheal lumen, pulmonary and cardiac structures normal.

SPECIES Feline Referral submitted for further imaging/diagnostics. Radiographs: FINDINGS: There is marked narrowing of the tracheal lumen seen diffusely throughout the cervical region. Gas is present within the esophagus and may be secondary to aerophagia or sedation. The cardiovascular structures are within normal limits. No abnormalities of the pulmonary parenchyma are seen.

BREED Singapura There is no evidence of pneumonia or pulmonary nodules. No thoracic lymphadenopathy or mediastinal lesions are detected. The liver and spleen are normal in size and margination. The stomach contains normal ingesta and is within normal size limits. The small intestines contain gas and small amounts of ingesta multifocally and are normal in diameter. There is feces noted within the colon. No abnormalities of the kidneys and urinary bladder are seen. Peritoneal serosal detail is appropriate. Incidentally, the 1st and 2nd sternal segments are fused. CONCLUSIONS: Marked narrowing of the cervical tracheal lumen may be due to severe inflammatory or infectious tracheitis. Tracheal stenosis secondary to previous inflammation, necrosis or other injury is also possible. Infiltrative neoplasia of the trachea cannot be entirely ruled out.

SEX FS Abnormal PE/Chem/CBC/UA Results: April 25th CBC thrombocytopenia Chem mild elevation in total proteins

AGE 5 Years

COMPUTED TOMOGRAPHY OF THE THORAX

A pre- and post-contrast CT study of the thorax in a lung and soft tissue reconstruction is provided for review.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

Both tympanic bullae are filled with soft tissue attenuating material.

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The endotracheal tube is seen in the trachea, level with C3/C4, the trachea is in direct contact with the endotracheal tube with loss of surrounding gas.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

REFERRING VET

Dr. Westgarth

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Mild to moderate thickening of the bronchial walls is appreciated. The lung parenchyma presents small irregular regions with ground glass attenuating parenchyma.

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The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

DATE

5-4-22

Addendum follow up CT without endotracheal tube in place, dated 5/10/22:

Level with C5/C6, the trachea presents segmental mild to moderate narrowing of the lumen - approximately 35% decrease in diameter.



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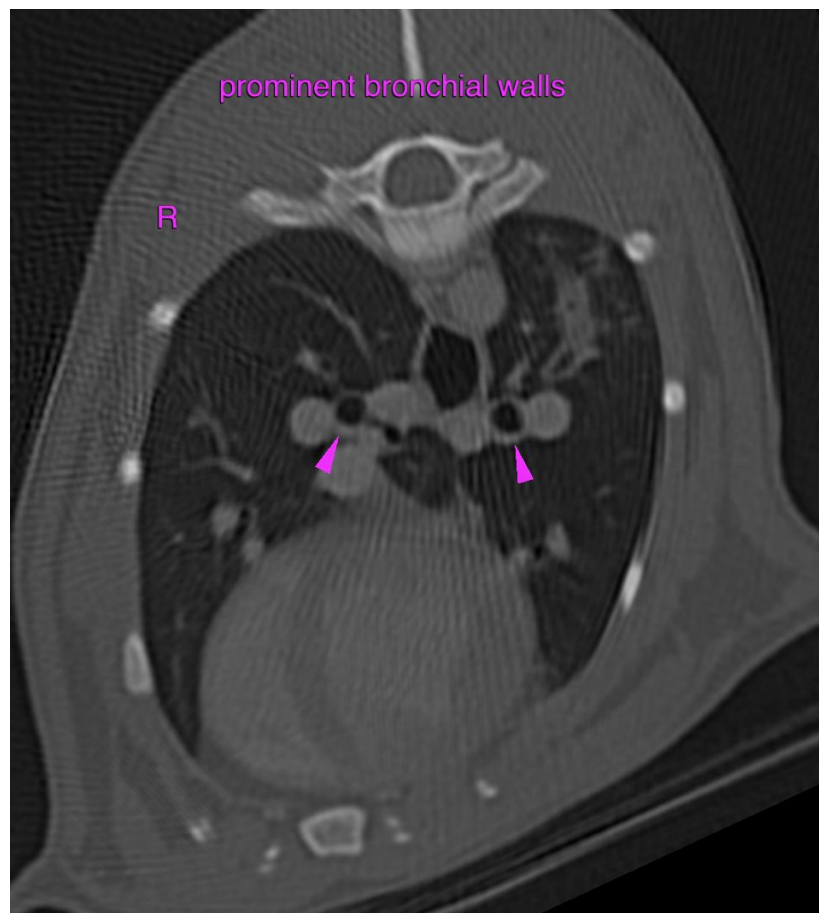
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Segmental tracheal stenosis, level with cranial thoracic aperture
- Mild bronchial lung pattern
- Bilateral otitis media

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific cause for the focal tracheal narrowing is appreciated, supporting the diagnosis of tracheal stricture due to preceding trauma or inflammation.

The bronchial lung pattern is indicating inflammatory lower airway disease – primary inflammatory versus infectious. The small irregular regions of pulmonary consolidation can represent dystelectasis secondary to general anesthesia or zone of pneumonitis. No foreign material is appreciated throughout the lower airways.





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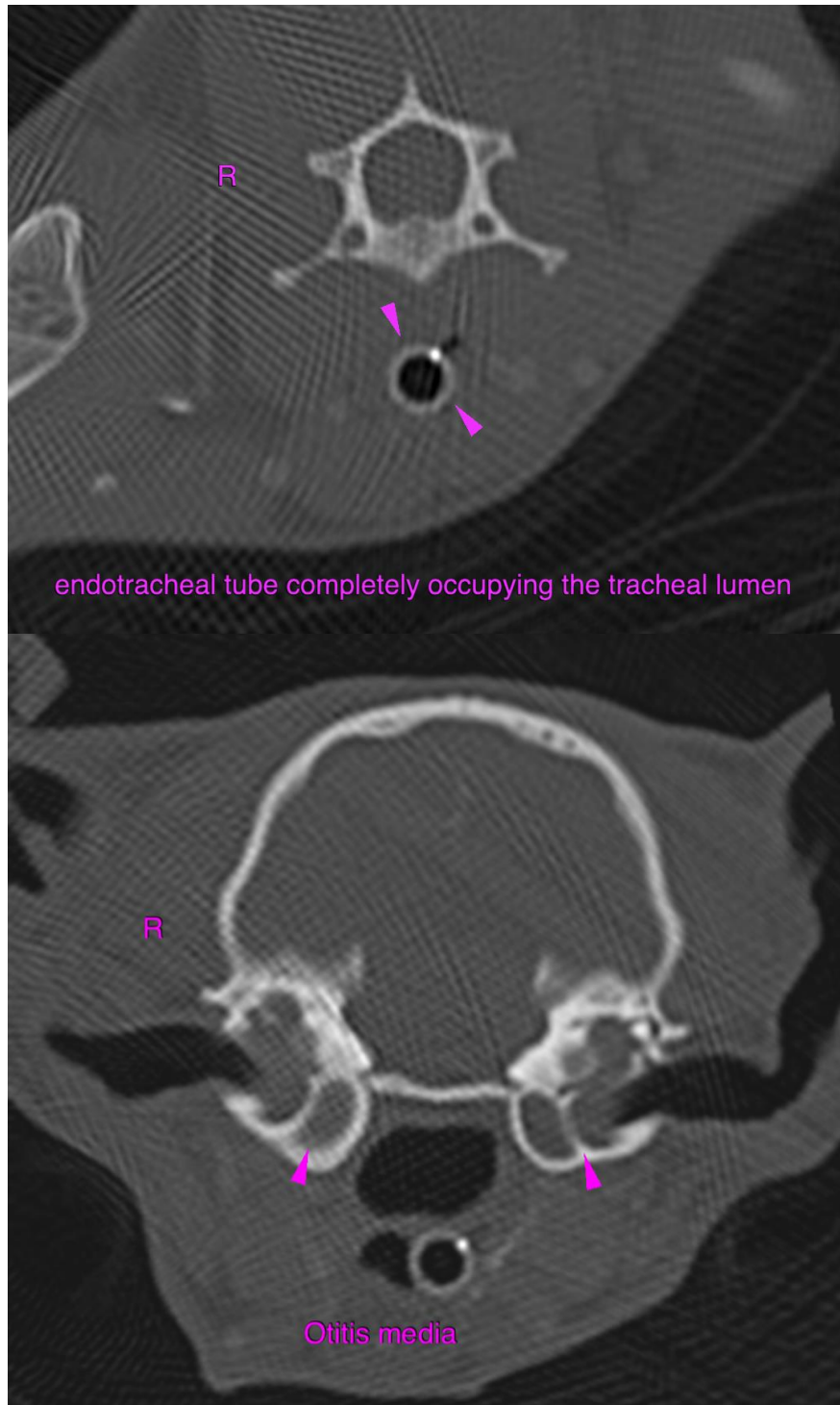
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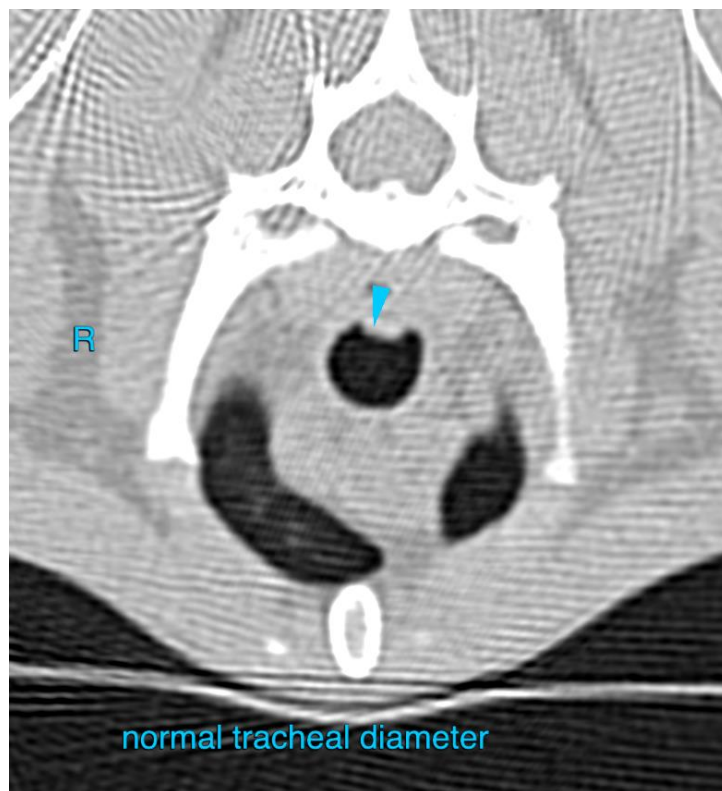
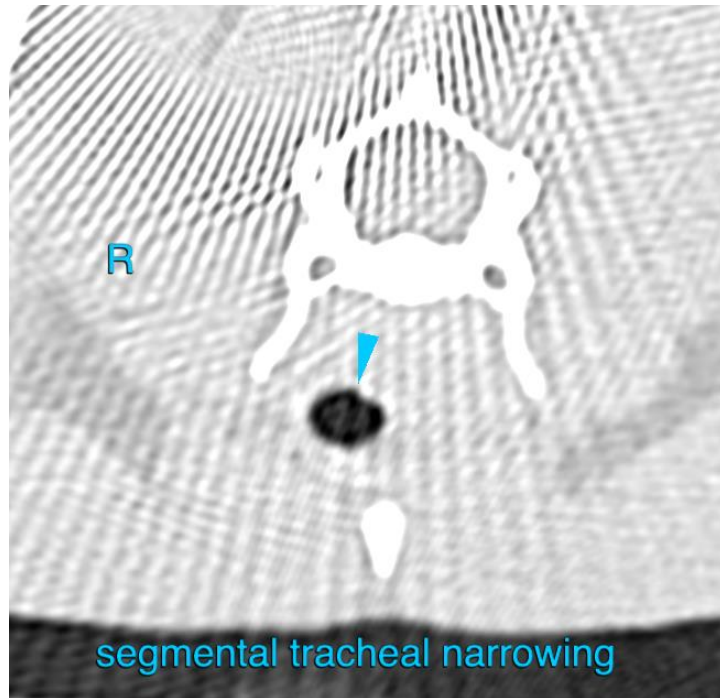
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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
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