



PATIENT

Tiger Lily Christnot

PRESENTING CLINICAL SIGNS

Patient started having increased respiratory effort approximately 18 hours prior to presentation. Mildly tachypnea; RR= 36-45... abd component to the breathing. Eating OK. Patient is diabetic and well regulated. Patient also has chronic kidney disease. Patient is currently on Orbox for a UTI.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Some wheezes on auscultation. HR= 200. RR=45; abd component to breathing. Not distressed but mildly tachypneic. Mild dehydration. BAR. Blood Glucose on presentation is 145. Other labs pending. No heart murmur.

BREED

DSH

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

SF

RADIOGRAPHIC FINDINGS

Multifocal moderate spondylosis formation is seen along the thoracic spine

The thorax presents a barrel chested conformation.

The cardiac silhouette is prominent. The pulmonary vasculature is within normal limits.

AGE

18 Years

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

Generalized moderate peribronchial cuffing is appreciated.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The lung parenchyma presents a generalized mild ground glass opacification.

Thin pleural fissure lines are in the in the periphery between the right cranial & middle lung lobe and the right middle & caudal lung lobe.

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

A mineral opaque calculus is seen in the imaging plane of the right kidney and multiple filed up roundish calculi - measuring up to 1.5 mm are seen along the course of the right ureter.

REFERRING VET

Dr. Charles Hurty

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern with mild unstructured interstitial component and evidence of mild hyperinflation of the lung parenchyma
- Mild cardiomegaly without evidence of decompensation
- Right sided nephrolithiasis and ureterolithiasis
- Spondylosis deformans

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung pattern is suggestive for feline bronchial disease ("feline asthma") with signs of mild hyperinflation of the lung parenchyma. Bacterial or viral superinfection may have deteriorated clinical signs. A clinical trial with asthma inhaler or systemic therapy (might be contraindicated due to diabetes) ± antimicrobial appear beneficial.

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The thin pleural fissure lines can be the result of pleural thickening due to chronic inflammation



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or very mild amount of pleural effusion.

The cardiomegaly is only mild and can present normal anatomy, however, to rule out cardiomyopathy a cardiac echo might be considered.

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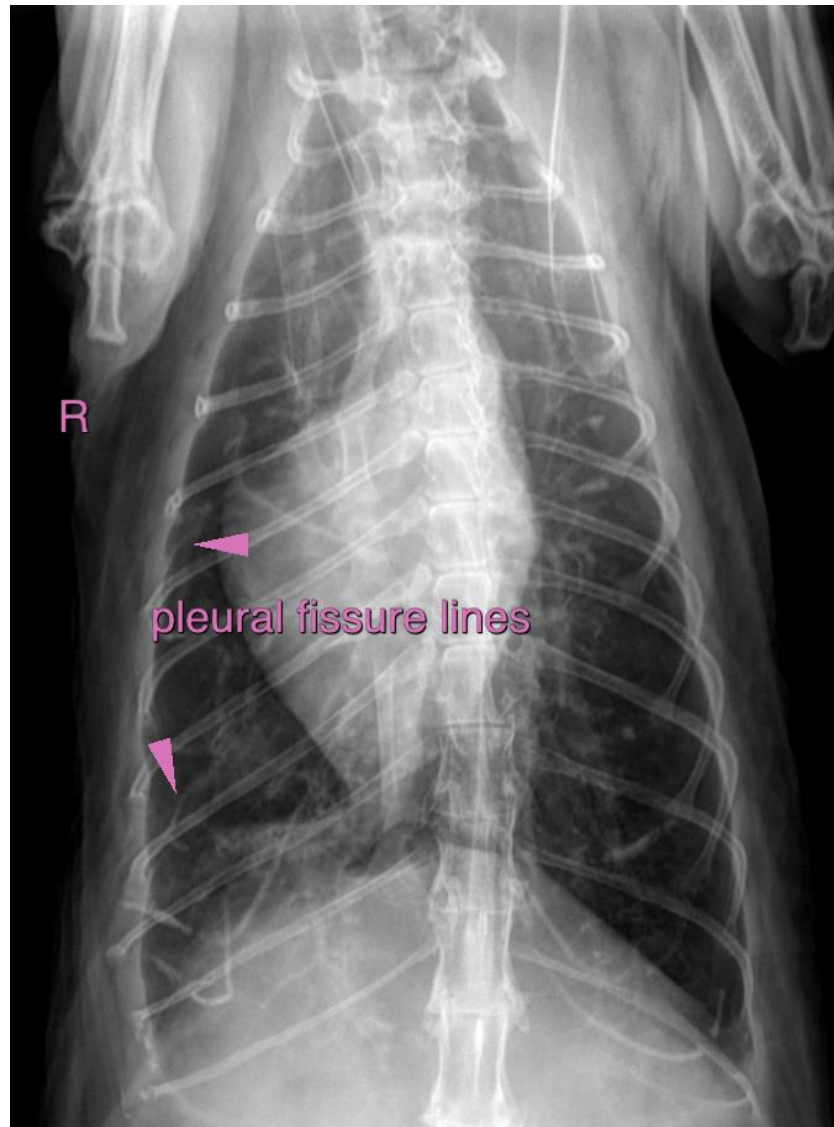
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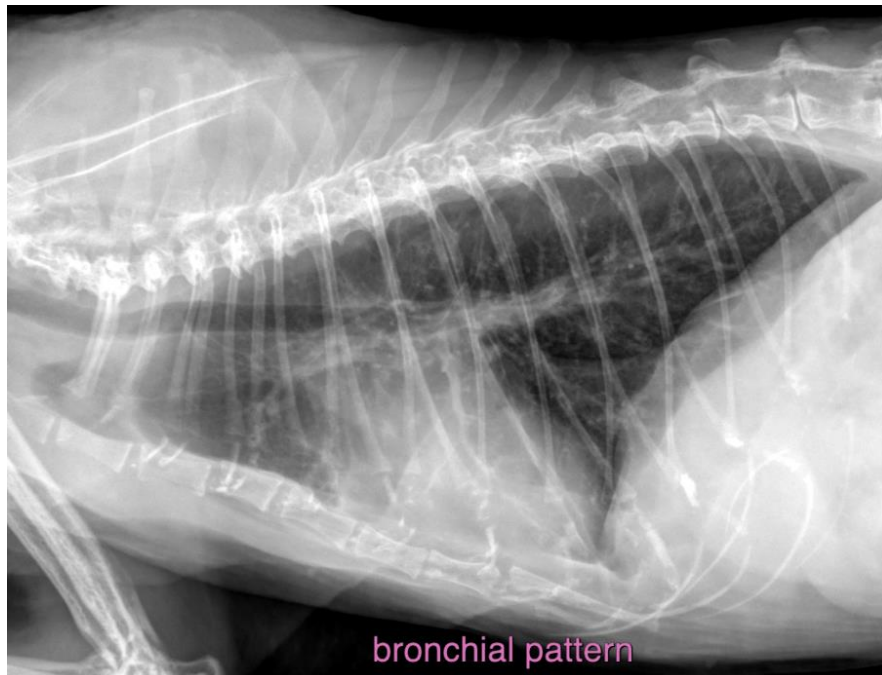
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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