



**PATIENT PRESENTING CLINICAL SIGNS**

Nala Lauckner

Rechecking: coughing History: 5y 11m old SF DSH presents for coughing. O reports pet responded well to azithromycin, pet started having decreased appetite since wednesday. Abnormal PE/Chem/CBC/UA Results: Physical Examination from 6/18/22 Key -- (N= Normal, A= Abnormal) Hydration: estimate Mentation: QAR EENT: Mild chemosis, elevated third eyelid glands OU with green mucoid discharge OU. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Mild dental tartar Lymph Nodes: submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, moderate stertor/stridor Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 4/9. Ambulatory x 4, muscle wasting Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing Needed: CBC/chem/lytes/UA/TT4 Declined Diagnostics/Treatments: bloodwork/UA Findings/Assessment: Upper respiratory signs--consistent with historic episodes of allergic rhinitis/conjunctivitis but cannot rule out infectious Severe weight loss ruleout metabolic vs. GI

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

5 Years, 11 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. White

**INVOICE**

52780

**DATE**

7-10-22

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

An overview study including the thorax and abdomen in three imaging planes is provided for review.

**RADIOGRAPHIC FINDINGS**

Thorax

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.

In the right caudal and the left caudal lung lobe, an ovoid shaped, soft tissue opaque mass is seen respectively; measuring up to 2.8 cm in size. The right middle lung lobe is consolidated, and the volume is markedly decreased. The volume of the remainder of the lung parenchyma are moderately increased. There is an increased distance between the heart and the diaphragm. A generalized mild to moderate bronchial pattern is appreciated.

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

Abdomen

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained moderately decreased, due to lack of peritoneal fat.

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The liver is appropriate in position, size and presents uniform opacity.

The gastrointestinal tract is generalized moderately distended by gas.

The colon is seen in the expected position and presents with appropriate content.

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**RADIOGRAPHIC DIAGNOSIS**

- Soft tissue mass right & left caudal lung lobe
- Moderate bronchial pattern with moderate hyperinflation of the lung parenchyma
- Resorption atelectasis right middle lung lobe
- Aerophagia
- Lean body condition

**BREED**

DSH

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

SF

The bronchial pattern in combination with the hyperinflation of the lung parenchyma is compatible with feline bronchial disease with evidence of air-trapping ('feline asthma'). The consolidated right middle lung lobe is commonly a sequela to bronchial mucous plugging and secondary resorption atelectasis.

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The pulmonary soft tissue masses are concerning for primary pulmonary neoplasia (e.g. carcinoma), granulomatous lung disease (e.g. Toxoplasmosis, mycotic infection, parasitic disease) or less likely pulmonary abscess formation. Ultrasound guided FNA sampling would be ideal as advanced diagnostic tool; the lesion in the left caudal lung lobe appears to be more in the periphery of the lung, level with the 7<sup>th</sup>/8<sup>th</sup> intercostal space, but the pulmonary masses might be surrounded by gas, insulating the mass from ultrasound. Bronchoscopy including BAL or CT guided sampling of the pulmonary masses might be considered alternatively.

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The generalized gas distended gastrointestinal tract is likely a sequela to stress ± dyspnea.

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**TECHNICAL COMMENTS**

Human fingers are seen in the primary beam, please consider radiation safety guidelines!

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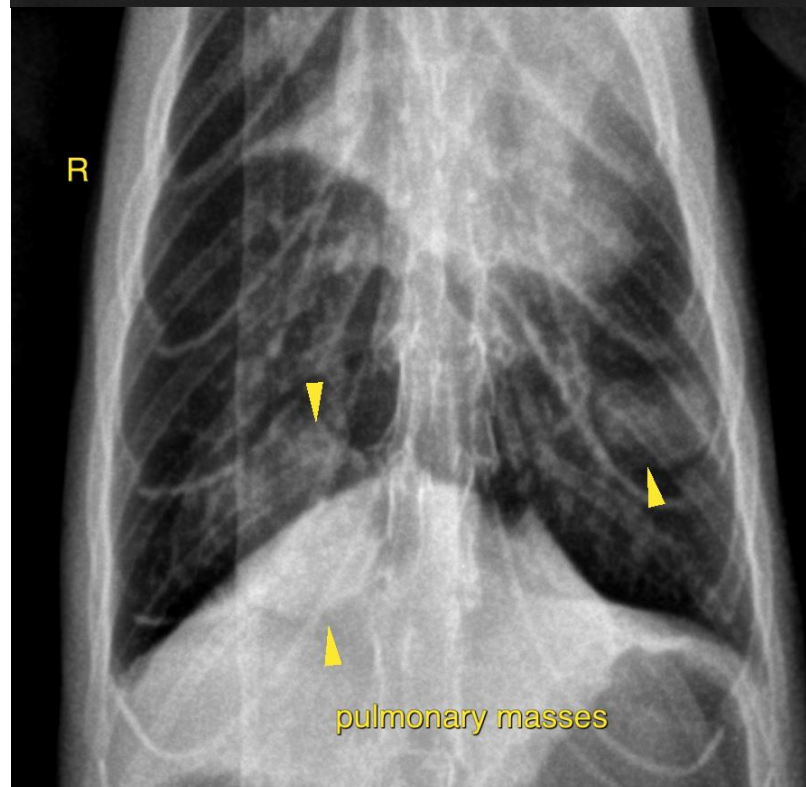
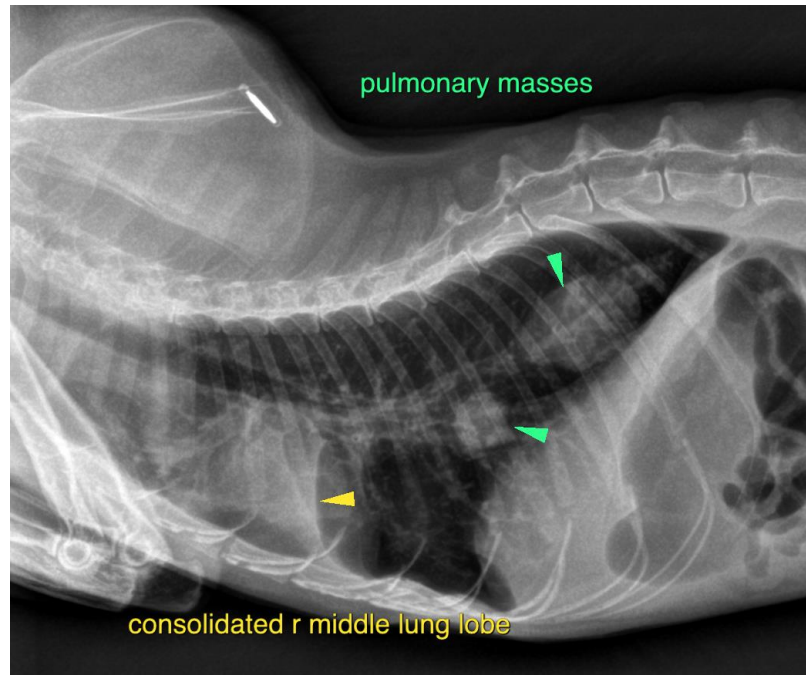
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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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