



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Peach Quigley
SPECIES Feline
BREED DSH
SEX Spayed Female
AGE 11 Years

History: Peach is an 11yr old FS, DSH that presented for an ongoing intermittent respiratory issues, sneezing and congestion worsening over the last 1-2 months. Peach was brought in about 1 month ago for being extremely lethargic, not wanting to eat or move at all. At that time bloodwork and radiographs were done and bloodwork revealed elevated ALT 253 U/L, Globulin 5.5 g/dl, and some slight thrombocytopenia at 148,000. Radiographs were sent out for a radiology report of 3 view whole body were reviewed. Report was stated that there was concern for primary pulmonary neoplastic disease of the left caudal lung lobe. It was also noted that there was nodular component throughout the lungs. There was also note that for the abdomen a scant amount of peritoneal effusion could not be R/O. Peach was given SQ fluids, and a Convenia injection. Owner states since that episode and treatments for that Peach has seemed a lot better. Owner states that Peach has not had any worsening sneezing or brown/mucus since then and seems to be doing okay.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

A small amount of fluid attenuating material is attached to the nasal mucosal lining. Mild destruction of the nasal turbinate structures bilaterally is appreciated. The left frontal sinus contains a small amount of fluid attenuating material and moderate hyperostosis of the osseous lining is seen.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are filled with fluid attenuating material; the osseous lining is thickened and smooth. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

HOSPITAL NAME

Critical Vet
 Care/Suncoast Vet

REFERRING VET

Dr. Young

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7/21/23



PATIENT

Peach Quigley

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.

SPECIES

Feline

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

BREED

DSH

Moderate motion artefacts of the lung parenchyma are seen. Accentuated in the cranioventral lung field, a significant tree-in-bud pattern is appreciated. The left caudal lung lobe presents an ill-defined zone with consolidation of the lung parenchyma. The right middle lung lobe is consolidated and the volume is significantly decreased. The volume of the remaining lung lobes is increased and the parenchyma is hyperinflated.

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

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The small intestinal loops present a prominent wall with thickening of the outer – suspect muscular – layer.

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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Mild destructive rhinitis
- Advanced tree-in-bud pattern throughout all lung lobes
- Zone with alveolar pattern left caudal lung lobe
- Hyperinflation of the lung parenchyma
- Bilateral otitis media
- Suspect thickening of the outer muscular layer of the small intestinal loops

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PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Peach Quigley The nasal findings are consistent with mild destructive rhinitis. The causative agent is most likely primary viral ± bacterial superinfection or less likely mycotic superinfection.

SPECIES The appreciated tree-in-bud pattern is caused by obliteration and ectasia of multiple bronchial segments, most likely due to inspissated exudate within the bronchi. In combination with the hyperinflation of the lung parenchyma and eth atelectasis of the right middle lung lobe, underlying feline bronchial disease ('feline asthma') is considered likely. The appreciated zone with consolidation of the parenchyma of the left caudal lung lobe is suggestive for zone of pneumonia. I would consider the odds for diffuse neoplastic infiltration of the bronchial tree and the left caudal lung lobe low, however lower airway sampling ± FNA sampling of the region of pulmonary consolidation – if it can be visualized by ultrasound – is recommended to rule out malignant infiltration.

BREED DSH

SEX The thickened small intestinal wall can be a sequela to chronic inflammation (e.g. IBD), hyperthyroidism, idiopathic or neoplastic infiltration (e.g. round cell tumor).

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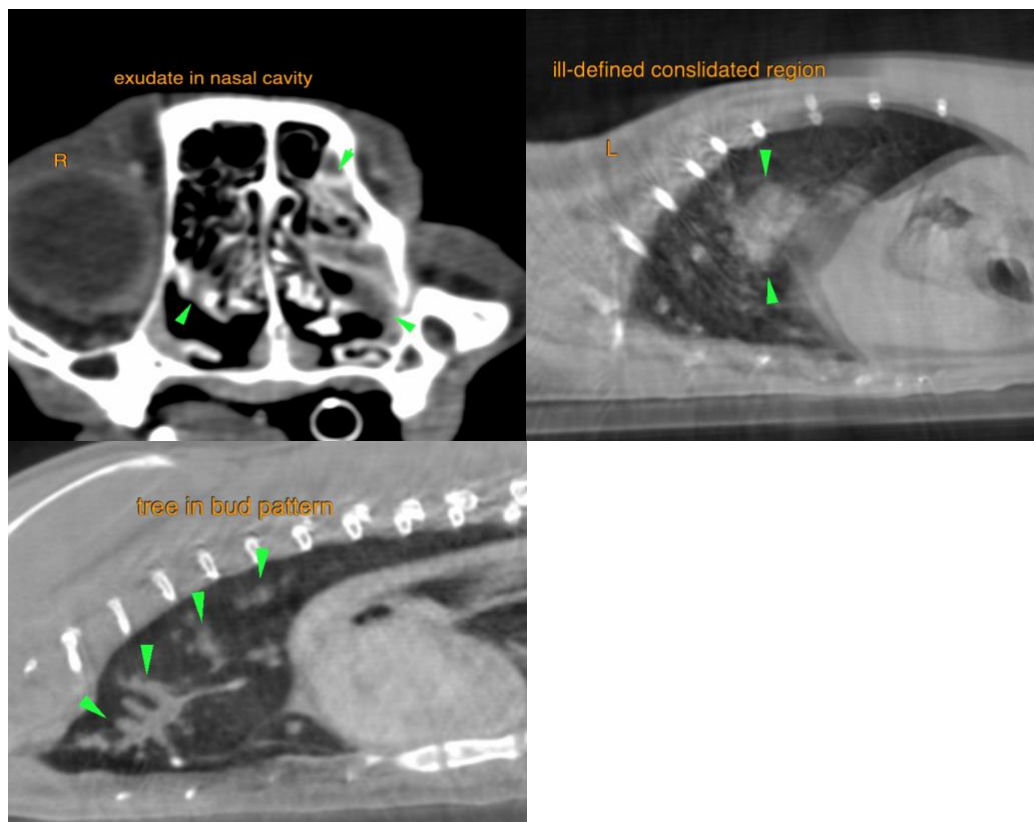
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Peach Quigley

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.

SPECIES

Feline

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com

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