



PATIENT PRESENTING CLINICAL SIGNS

CC Held Reason for Visit: C/S History: O HAS HAD P LAST 3 YEARS FOUND AS STRAY. O STATES COUGHING FOR A MONTH HAS NOT GOTTEN ANY WORSE. O STATES P WHEEZES WHEN SLEEPING. INDOOR ONLY. O STATES OCC SNEEZING. NO OCULAR/NASAL DISCHARGE.

SPECIES Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 Hydration: N Mentation: BAR, very fearful EENT: 2 small FL spots OS Oral Cavity: mm pm, heavy tartar, moderate gingivitis, broken/missing left upper canine Lymph Nodes: N Skin: N
 CV/Respiratory: 3/6 left sys murmur, moderate-severe wheezing bilaterally Abd/GI: N
 Uro/Perineum: N Musculoskeletal: BCS 8/9 Neurological: N Fecal: Diagnostic Testing Needed: Chest rads Senior panel Declined Diagnostics/Treatments: Findings: Assessment: 1) Murmur 2) Wheezing/coughing 3) Sneezing 4) Severe Periodontal dz

DSH RADIOGRAPHIC STUDY OF THE THORAX

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

SEX RADIOGRAPHIC FINDINGS

SF The body condition score is 8/9. An isolated ossification center is seen at the caudal aspect of the glenoid cavity of one shoulder joint

AGE Multifocal mild spondylosis formation is seen along the thoracic spine.

3 Years, 11 Months The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY The cardiac silhouette is elongated. The pulmonary vasculature is within normal limits.

Sebastian Schaub, DVM Dr. med. vet. DipECVDI The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

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

HOSPITAL NAME Generalized moderate peribronchial cuffing is appreciated.

DPC Veterinary Hospital The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

Dr. Feldt A nodular mineralized fat necrosis is seen in the left ventral abdomen.

RADIOGRAPHIC DIAGNOSIS

- INVOICE**
- Mild bronchial lung pattern
 - Prominent cardiac silhouette
 - Obesity
 - Isolated ossification center glenoid cavity one shoulder joint
 - Spondylosis deformans

53192

DATE

8-1-22



PATIENT

CC Held

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

3 Years, 11 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Feldt

INVOICE

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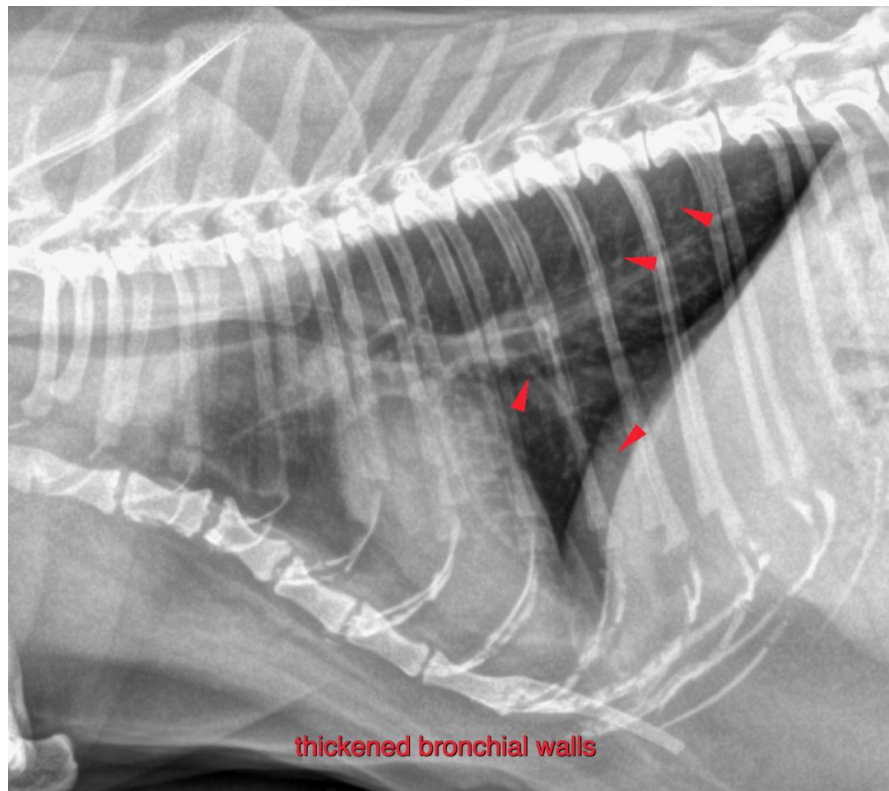
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild bronchial pattern in combination with the intermittent cough is suggestive for underlying feline bronchial disease ("feline asthma") without signs of air-trapping. Bacterial or viral superinfection might deteriorate clinical signs.

The cardiac silhouette is prominent, which might still present a normal anatomical variant. However, given the cardiac murmur, a cardiac echo would be beneficial to rule out underlying cardiomyopathy.



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.

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