



PATIENT

Socks LaBarbera

PRESENTING CLINICAL SIGNS

Intermittent coughing per owner Inside only
Abnormal PE/Chem/CBC/UA Results: BW: WNL

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

DSH

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

SEX

Spayed

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 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.

AGE

12

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

Multifocal moderate peribronchial cuffing is noted, most accentuated in the ventral aspects of the lung. The ventral aspects of the lung present multiple ill-defined regions of cloudy soft tissue opacification of the lung parenchyma. The right cranial lung lobe presents with a zone with soft tissue opacity with central gas opacity in the lateral view, superimposing on the base of the heart.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial lung pattern with multiple ventrally distributed zones of alveolar pattern
- Possible cavitory lesion caudal part right cranial lung lobes

HOSPITAL NAME

Sunset Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Cristina Polit

The radiographic study of the thorax is suggestive for active bronchopneumonia, possibly due to bacterial superinfection of underlying feline bronchial disease. The consolidated zone of the right cranial lung lobe with central gas opacity can present a zone with pneumonia ± necrosis or abscess formation. Accompanying fibrosis due to chronic bronchopneumonitis is a consideration here as well. Rule out underlying lung worm infection or protozoal infection (e.g. Toxoplasmosis). In some cases, bronchogenic carcinoma may present with a broncho-interstitial pattern as well, but this is considered less likely here.

INVOICE

53451

Bronchoscopy including BAL would be ideal a clinical trial with antimicrobial drugs ± follow up radiographs in 3-4 weeks might be considered alternatively.

DATE

8-11-22



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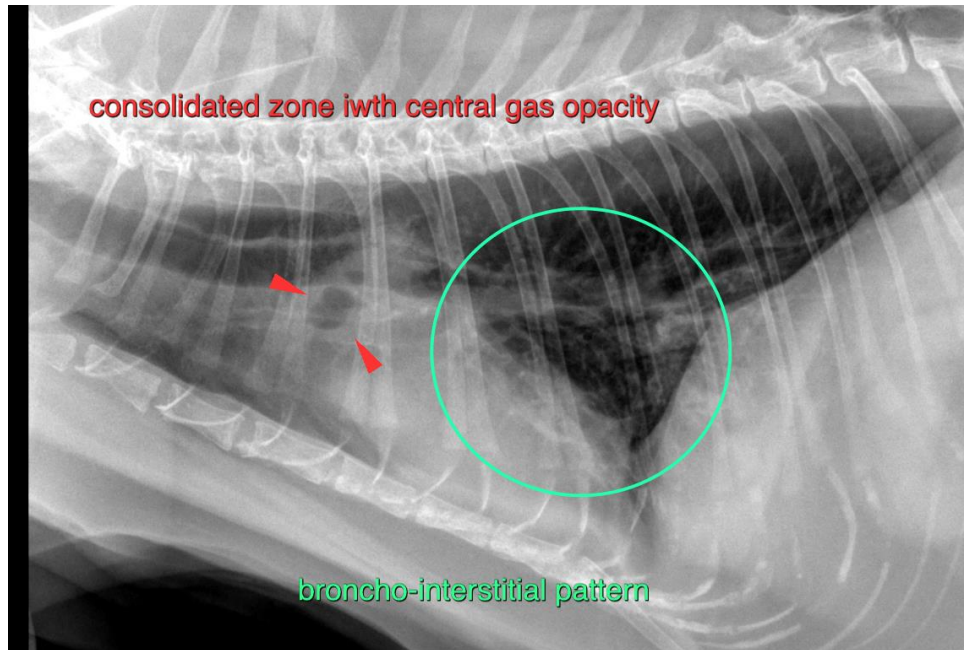
Cristina Polit

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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.

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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