

**PATIENT**

Riley Wells

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12 Years, 2 Months

**INTERPRETED BY**Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI**HOSPITAL NAME**Gentle Doctor Animal  
Hospital**REFERRING VET**

Dr. Peter Bashara

**INVOICE**

53501

**DATE**

8-16-22

**PRESENTING CLINICAL SIGNS**

rapid/shallow breathing for the last 4-5 days hx of hairball issues had labs and fast-scan abd u/s in May due to weight loss - all wnl other cat died - lymphoma /O moved in May - increased stress some abdominal press at exam Respiratory patters have become more consistant/progressive The heart sounds are muffled with no murmurs or arrhythmia heard. Lungs sound abnormal with no fluid, crackles or wheezes but rough sounds noted

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

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.

Generalized moderate peribronchial cuffing is appreciated. The lung parenchyma presents a mild unstructured reticular pattern.

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

**RADIOGRAPHIC DIAGNOSIS**

- Significant bronchial lung pattern with mild interstitial component
- No signs of air-trapping

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bronchial lung pattern is compatible with active bronchitis and underlying chronic feline bronchial disease is considered likely ('feline asthma') with potential bacterial or viral superinfection is considered likely here. Theoretically mycotic or parasitic bronchopneumonitis are potentials as well.

Theoretically bronchial carcinoma can present with a predominant bronchial pattern as well, but the odds appear low.



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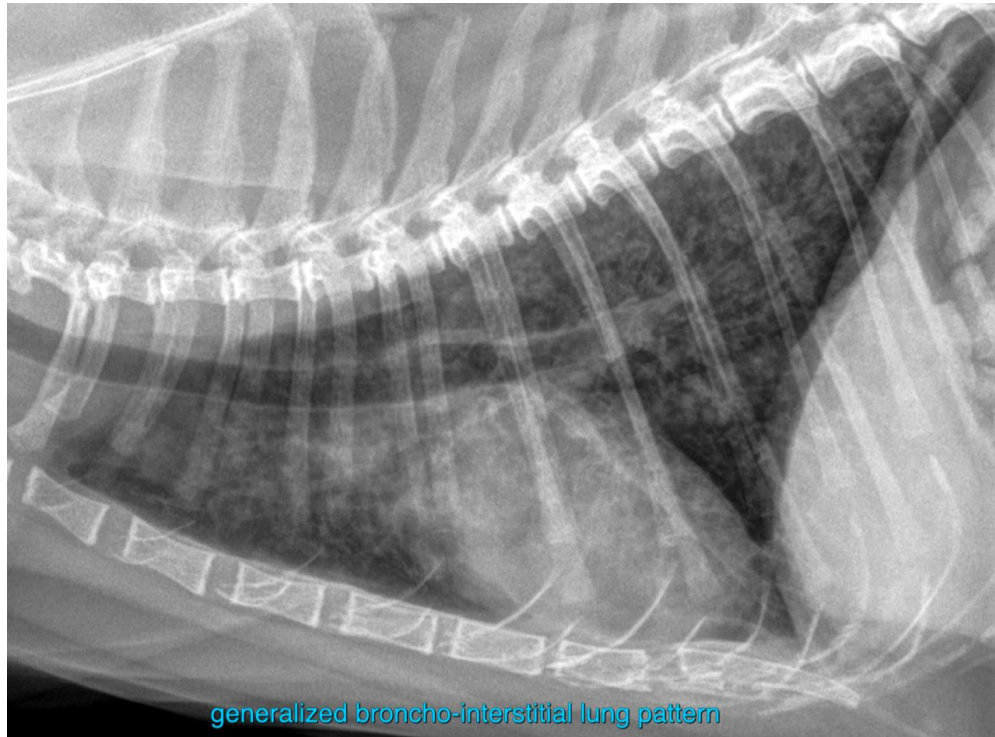
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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