



**PATIENT PRESENTING CLINICAL SIGNS**

**Patches Engler** Reason for Visit: POSSIBLE URI History: PET IS HERE FOR POSSIBLE URI/ OWNER STATES OTHER PET IN HOME WAS HOSPITALIZED ABOUT 1 WEEK AGO AT LEADER FOR A FEW DAYS- OWNER STATES HAS BEEN NOTING D/C FROM PETS NOSE-

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: OU nuclear sclerosis. AU mild waxy debris. Mucoïd/white nasal discharge (R>L nares). Oral cavity: Feline Most teeth missing, dental calculus on remaining Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: No ectoparasites seen, dry unkempt coat. CV/Respiratory: No obvious murmurs or abnormal lung sounds over purring. **BREED** 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, slow stiff gait. **DSH** Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing Needed: Blood work, chest radiographs and consultation, BP Declined Diagnostics/Treatments: N/A Findings: Cbc/chem/electrolytes = Retic 67, Mono 0.82, Glu 161, TP 9.0, Glob 6.0, ALKP <10 Blood Pressure Averages: Systolic 132.5 Diastolic 98.5 MAP 113 BPM 169.75

**SEX RADIOGRAPHIC STUDY OF THE THORAX**

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

**AGE RADIOGRAPHIC FINDINGS**

**21 Years** The surrounding bony structures are within normal limits.

**INTERPRETED BY** The extrathoracic soft tissues present homogeneous without abnormalities.

**Sebastian Schaub, DVM** The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular **Dr. med. vet. DipECVDI** enlargement. The pulmonary vasculature is effaced by the pulmonary pattern

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

**HOSPITAL NAME** Generalized moderate thickening of the walls of the bronchial walls is visible. The lung parenchyma presents a generalized ground glass opacity, L>R. The right middle lung lobe can be appreciated as a thin wedge shaped soft tissue opaque in the right hemithorax, at the lateral aspect of the heart. The heart presents a midline shift to the right.

**DPC Veterinary Hospital**

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

**Dr. Oldenhoff RADIOGRAPHIC DIAGNOSIS**

- Broncho-interstitial lung pattern without air-trapping
- Atelectasis right middle lung lobe

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

**53210** The findings are consistent with chronic feline bronchial disease ('feline asthma') – the findings are mildly progressive in comparison to the radiographic study from 2017. Upper respiratory tract infection may be a source for bacterial or viral superinfection.

**DATE**

**8-2-22**



**PATIENT**

Patches Engler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

21 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

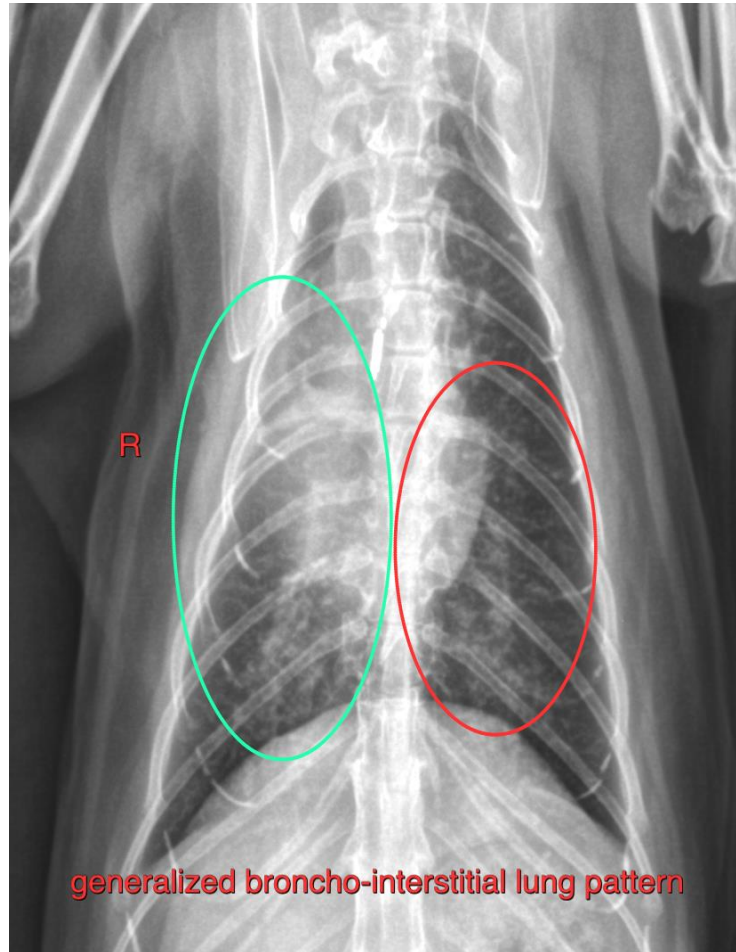
Dr. Oldenhoff

**INVOICE**

53210

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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  
sebast.schaub@gmail.com