



PATIENT PRESENTING CLINICAL SIGNS

Rupert Smith 8/16/23- Rupert 2 yo CM DSH presented to VERC for slow mobility and being painful in hind limbs. O reports that they moved about 1.5 months ago and that Pt has free range of the house and will jump off furniture and other areas of the house. O reports that Pt started moving slowly Sunday and was lazier than normal. Pt seemed to be walking okay Monday morning, but O noticed that Pt would walk a few steps and back end would go down and Pt would let off a loud meow almost like he was angry that he could not move his back limbs. O reports that Pt got off the bed tonight and was walking down the hall and walked about 4 steps and back legs gave out and Pt meowed in pain. O reports that Pt is defecating normally but did not see Pt urinate. O reports that Pt is still eating and drinking normally. Pt is an indoor feline only. Was seen at pDVM 2 weeks ago for regular visit. O reports that pDVM has always been able to handle Pt and they never had to pre medicate Pt but his last visit he was vocal and hissing which is unusual for him. 8/18/23- Patient is presented for back pain. This started Tuesday, p is slow getting around, limping, laying in box, and crying when being picked up. P is e/d/u/d normally at this time, p is lethargic. Initial vet recommended after exam, that she suggested a CT scan, o knows this would be done Sunday. O stated BW/X-rays were done at that clinic and they were normal. But p still has on-going pain, and not wanting to move around. P is on Onsior once a day and Gabapentin 100mg one capsule every 8-12 hrs, p had a dose today already. P is a inside feline only, o has one other feline in the home, no dogs, both felines were vaccinated on 7/26/23. O stated p has no chronic conditions or heart conditions at this time. P is not on hw/flea prevention because o stated p is a inside feline.

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2 Years

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

INTERPRETED BY

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

The sternal lymph nodes are prominent.

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

The cranioventral aspects of the lung present zones with peribronchial ground glass attenuation pattern. In the periphery of the caudodorsal aspects of the right caudal lung lobe, a tree-in-bud pattern is visible. The bronchial walls of the first degree bronchi of the right caudal lung lobe are thickened and smooth.

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

Abdomen

INVOICE

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

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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.

DATE

8-20-23

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.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Neel Veterinary
Hospital

REFERRING VET

Dr. Taylor



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

Rupert Smith

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

SPECIES The bony and surrounding soft tissue structures reveal no abnormalities.

Feline

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

- Peribronchial zone with unstructured interstitial pattern cranioventral aspects of the lung
- Tree-in-bud pattern caudal aspect right caudal lung lobe
- Mild bronchial pattern right caudal lung lobe
- Normal abdomen
- Normal thoracic & lumbar spine

DSH

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

MN

The appreciated pulmonary changes are most consistent with underlying feline bronchial disease and secondary bronchial mucus plugs and possible pneumonitis of the cranioventral lung field.

AGE

An underlying cause for the described pain is not appreciated in the CT study. In case of strong clinical suspicion for underlying extradural compressive lesions or intradural lesions, recommend complementing workup by a myelographic CT study or MRI study of the spine.

2 Years

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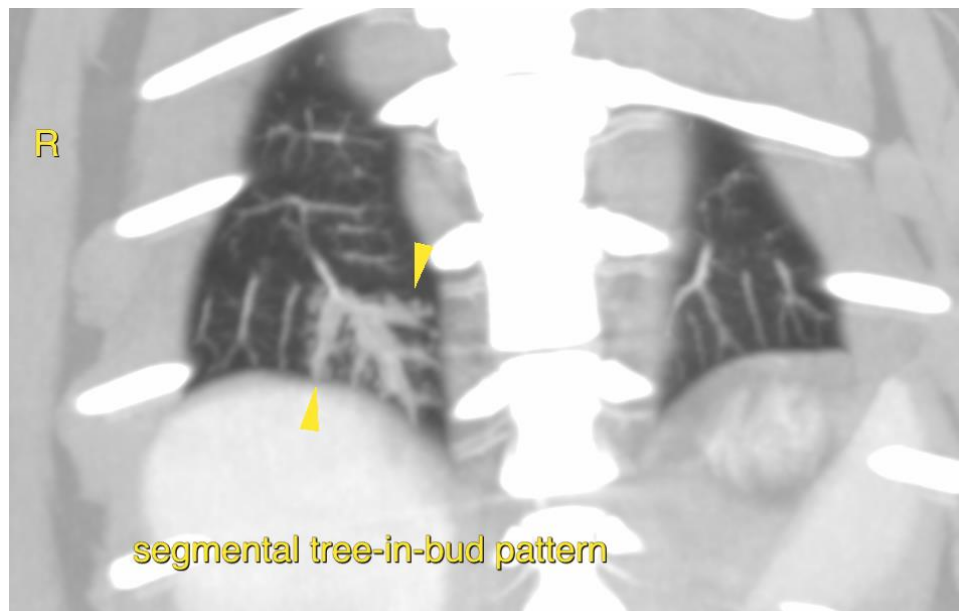
Dr. Taylor

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PATIENT 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.

Rupert Smith

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

BREED

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2 Years

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