



PATIENT

Lulu Walpole

PRESENTING CLINICAL SIGNS

Has not moved or eaten much since Saturday. Is running and jumping all over the room today on exam, mild cachexia, rest of pe nsf, temp is 100.1
 Abnormal PE/Chem/CBC/UA Results: hyperglobulinemia (5.7) with neutrophilia rest of cbc chem and a nsf.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX&ABDOMEN

An overview study including the thorax and abdomen in three imaging planes is provided for review.

BREED

DSH

RADIOGRAPHIC FINDINGS

Thorax

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.

SEX

Spayed Female

Caudal to the apex of the heart and cranial to the diaphragm, a well-defined roundish nodular lesion is superimposed on the most ventral aspect of the lung field in both lateral projections, measuring 4.5 mm in diameter – the nodular lesion is not appreciated in the VD view. The nodular lesion has nearly the same density like the costal cartilages.

AGE

14

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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

Multifocal mild peribronchial cuffing is appreciated.

HOSPITAL NAME

Northshore
 Veterinary Hospital

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

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

REFERRING VET

Kimberly Barron

Abdomen

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

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The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity.

DATE

9-20-22

Both kidneys are seen and present with normal size, shape, delineation and opacity. The renal pelvis bilaterally is accentuated by a small amount of mineral opaque material. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.



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The stomach is in its anticipated position and presents normal content.

Lulu Walpole

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

SPECIES

The colon is seen in the expected position and presents with appropriate content.

Feline

RADIOGRAPHIC DIAGNOSIS

- Mild bronchial pattern
- Nodular lesion caudal to the apex of the heart – possibly mineralized
- Nephrolithiasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial mild bronchial pattern is suggestive for (sub)clinical feline bronchial disease – due to the lack of respective clinical signs, the clinical relevance of this finding is unclear.

SEX

Spayed Female

The nodular opacity caudal to the apex of the heart can be located within the caudal mediastinum and present nodular fat-necrosis or degenerative changes of the costal cartilages (both considered most likely here). However, a solitary pulmonary nodule cannot be ruled out entirely – such as granuloma, fibrosis, round pneumonia, cyst or neoplasia.

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In summary no abnormality can be identified, explaining the presenting clinical signs. Complementing workup by an abdominal ultrasound examination might be beneficial to screen for altered architecture of the parenchymal abdominal organs or mural changes of the gastrointestinal tract.

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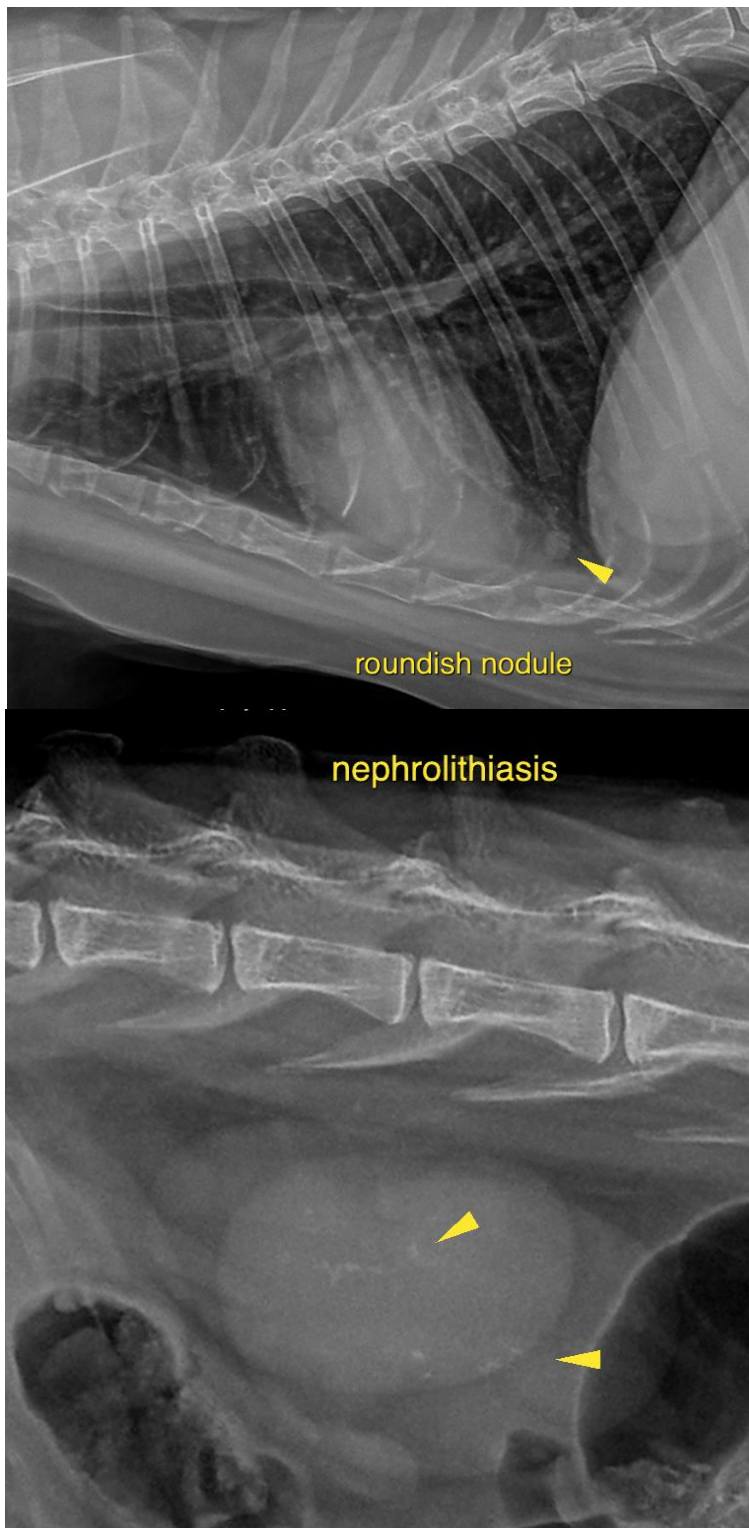
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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