



PATIENT

Trixie Mundhenk

PRESENTING CLINICAL SIGNS

Anorexia- several days Lethargy
 Abnormal PE/Chem/CBC/UA Results: Calcium=8.0 Total Protein= 6.2 (albumin =2.9) CBC:
 RBC=12.01 MONOCYTES=766

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

DSH

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

SEX

SF

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.

AGE

12 Years, 3 Months

Generalized moderate peribronchial cuffing is appreciated.

The cranial tip of the cranial part of the left cranial lung lobe presents a zone of consolidation of the lung parenchyma. The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels. The right caudoventral lung field presents a moderate ground glass opacification.

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.

HOSPITAL NAME

Long Valley Animal
 Hospital

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern
- Alveolar pattern cranial part left cranial lung lobe with maintained volume

REFERRING VET

Dr. Russell Earl

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is suggestive for feline bronchial disease – commonly primary inflammatory in origin (e.g. allergic, eosinophilic) ± bacterial/Mycoplasma superinfection. The consolidated region of the left cranial lung lobe can be a sequela to accompanying pneumonia or atelectasis secondary to mucus plugging. Theoretically cellular malignant infiltration of the parenchyma of the left cranial lung lobe is a consideration, but the odds are considered low. The clinical relevance of the pulmonary changes for the anorexia is unclear.

INVOICE

54272

DATE

9-26-22



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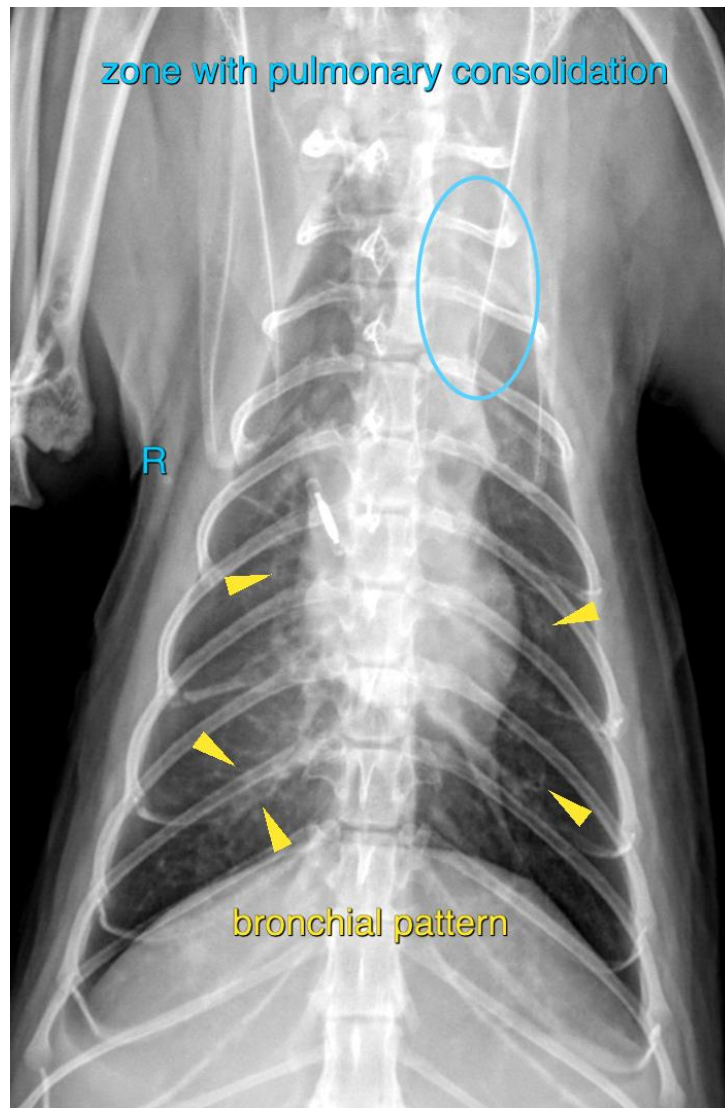
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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