



PATIENT PRESENTING CLINICAL SIGNS

Miles Jadis P lethargic, not eating well past 3-4 days. BW- unremarkable. Received R lateral whole cat - noticed small calcification on right lateral. Left lateral and VD - fissure lines noted.

SPECIES RADIOGRAPHIC STUDY OF THE THORAX AND COLLIMATED ABDOMEN (WHOLE BODY)

Feline Radiographs of the thorax, in three imaging planes are provided for review, right lateral, left lateral and ventral dorsal views, totaling 3 images.

BREED RADIOGRAPHIC FINDINGS

DSH The trachea is normal.

A mild to moderate bronchial pattern with peribronchial cuffing by soft tissue opaque material is noted throughout all lung lobes. A lobar alveolar pattern is seen at the right middle lung lobe border effacing the cardia silhouette. Mild patchy alveolar pattern is seen at the right cranial lung lobe and the cranial subsegment of the left cranial lung lobe. Multiple multifocal chronic mineralization of the bronchi, more concentrated within the right middle lung lobe are seen.

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AGE

13 Years The cardiac silhouette is of normal size. The aortic arch is visible as a rounded bulge at the cranial aspect of the cardiac silhouette on the ventrodorsal view. The pulmonary vasculature is normal.

The pleural space and mediastinum are normal.

On the collimated abdomen:

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

The stomach is abnormally distended and contains a moderate amount of heterogeneous soft tissue opaque fluid material admixed with minor pinpoint mineral material and gas. The stomach wall is subjectively thickened.

The renal silhouettes are asymmetrical in size, normal contour. The right renal silhouette is severely reduced in size in comparison the left. The left renal silhouette is subjectively enlarged.

HOSPITAL NAME

POCONO PEAK VETERINARY CENTER

RADIOGRAPHIC DIAGNOSIS

- Mild to moderate generalized bronchial pattern with tree in bud appearance, right middle lung lobe resorptive atelectasis with broncholithiasis. The differential diagnosis includes allergic lower airway disease, chronic bronchitis, infectious bronchitis, concurrent lobar pneumonia.
- The bulged aortic arch differential diagnosis includes geriatric change, or systemic hypertension.
- Post prandial stomach distention with aggregated fluid and ingesta material retention. Differential diagnosis includes gastric ileus, or partial or intermittent pyloric outflow obstruction.
- Equivocal thickness of the stomach wall. Differential diagnosis, summation artifact correlated to the fluid material accumulation, focal gastritis, or neoplastic process.
- Right side degenerative renal disease, and left side compensatory hypertrophy. Differential diagnosis for left kidney less likely hydronephrosis.

REFERRING VET

Dr. Christine Coyle

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary radiographic findings could explain the clinical signs of lethargy and not eating well. Correlating this finding with possible history of coughing and increased respiratory efforts, medical

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PATIENT therapy is suggested. If the patient does not improve, a bronchoalveolar lavage may be useful in obtaining samples for cytology, culture, and sensitivity.

Miles Jadis

The equivocal stomach wall thickness could be just a summation artifact, however, true focal thickening could not be excluded as a differential diagnosis. Correlate the renal abnormalities with the clinical findings and laboratory analysis. An abdominal ultrasonography is suggested for further analysis of the stomach wall and urinary system.

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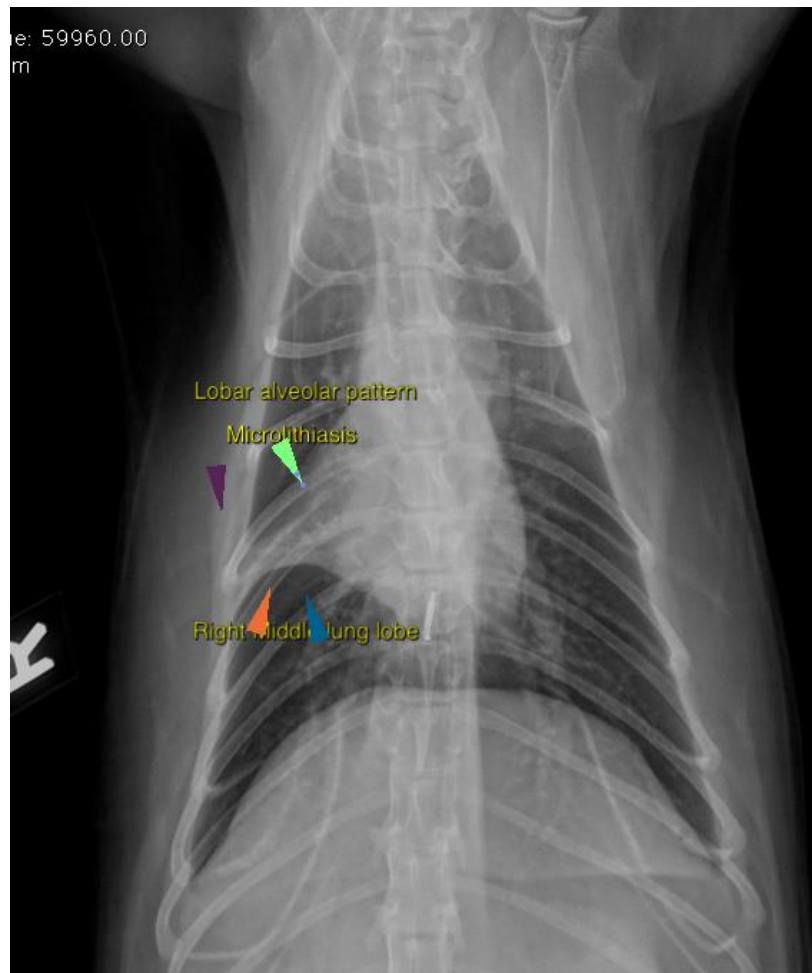
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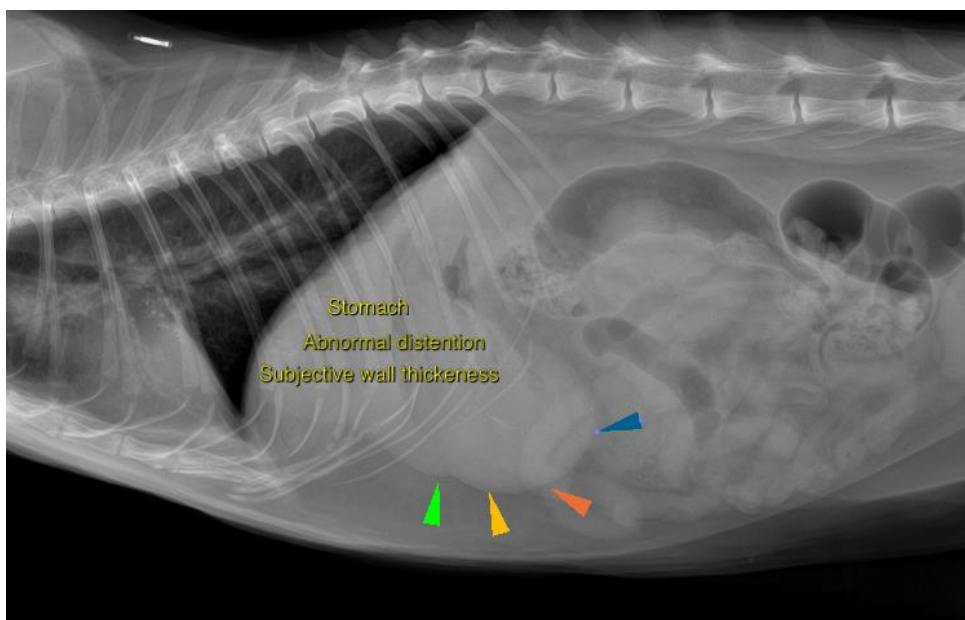
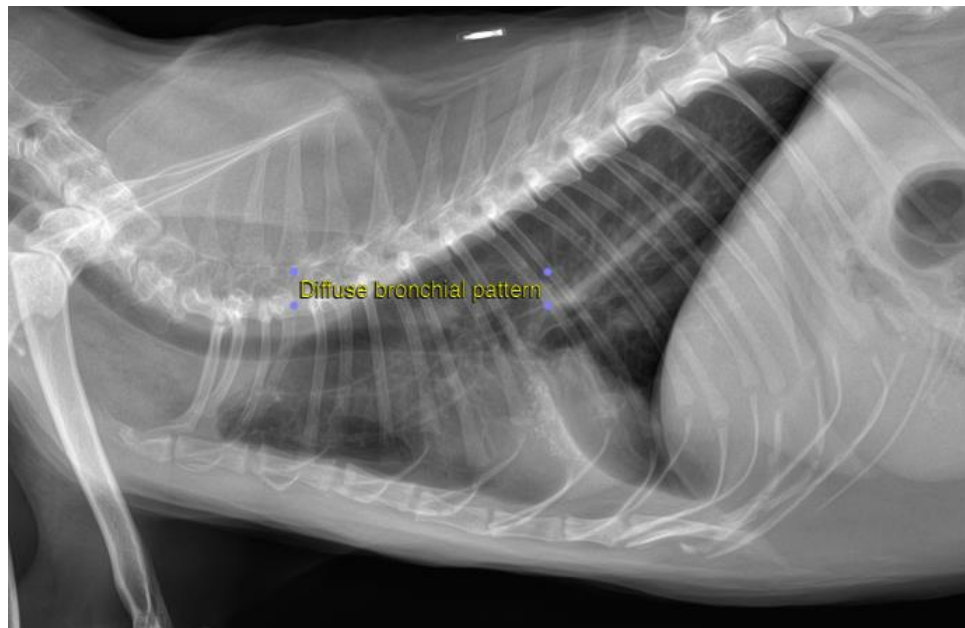
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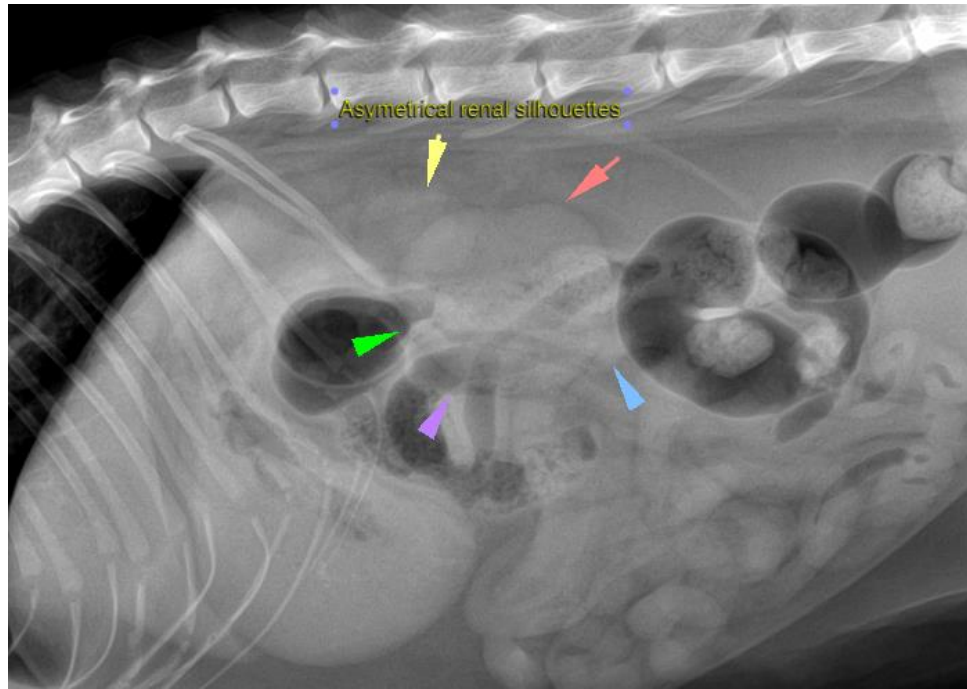
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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