



**PATIENT PRESENTING CLINICAL SIGNS**

Trigger Martin Presented with a hx of approx 1 week duration of coughing, recently with a small amount of blood mucous that was produced when coughing. Indoor only. No hx of URI or anesthesia. Afebrile. Increased RR/RE. Bilateral crackles noted esp cranial thorax. Mild consolidation around and cranial to the heart on U/S

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: WNL

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

**BREED**

DSH

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

**RADIOGRAPHIC FINDINGS**

**SEX**

MN

The thoracic trachea is normal.

Throughout all lung lobes is a moderate bronchial pattern with peribronchial cuffing by soft tissue opaque material. A patchy alveolar pattern is seen at the cranial lung lobes, more evident at the caudal subsegment of the left cranial lung lobe and is border effacing the lateral and cranial border of the cardiac silhouette. A reduced lung lobe volume expansion is also seen.

**AGE**

11 Years

A mild volume of gas is within the pleural space with a thin radiolucent space between the heart and sternum. There is a mild radiolucent space between the diaphragmatic crus and caudal pulmonary parenchyma, better seen on the lateral views.

**INTERPRETED BY**

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

The cardiac silhouette is of normal size. The visible pulmonary vasculature is normal.

The mediastinum is normal.

The ribs and thoracic wall are unremarkable.

On the collimated abdomen:

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The stomach is abnormally distended, contains a moderate amount of gas and heterogeneous soft tissue opaque ingesta, which redistributes with the patient position.

The liver, spleen and renal silhouettes are normal.

**REFERRING VET**

Rodriguez

The abdominal serosal detail is normal. The remainder abdominal is normal.

L7-S1 incomplete bridge spondylosis deformans.

**INVOICE**

57520

- Moderate generalized bronchial pattern with tree in bud appearance, patchy alveolar pattern, pulmonary atelectasis or resorptive atelectasis. Differential diagnosis includes chronic allergic bronchitis (Feline asthma), infectious bronchitis, concurrent bronchopneumonia.

**DATE**

3-29-23

- Mild spontaneous pneumothorax, the differential diagnosis includes correlated to feline asthma disease.



- PATIENT**
- Post prandial stomach distention and aerophagia.
  - L7-S1 spondylosis deformans.

Trigger Martin

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES** Feline  
 The pulmonary radiographic findings explain the clinical signs of coughing; the bloody mucous is usually not common but could also be correlated to the findings of asthma and respiratory distress. Small airway obstruction can predispose asthma patients to increased alveolar pressure, emphysema, and spontaneous pneumothorax. Cats affected by spontaneous pneumothorax correlated with feline asthma usually have a good short-term prognosis with medical treatment.

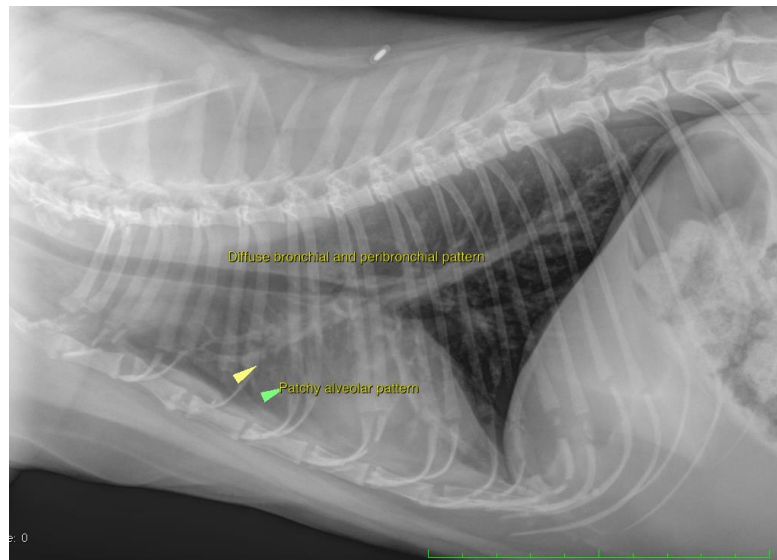
**BREED** DSH  
 Medical therapy is suggested. If the patient does not improve, a bronchoalveolar lavage may be useful in obtaining samples for cytology, culture, and sensitivity.

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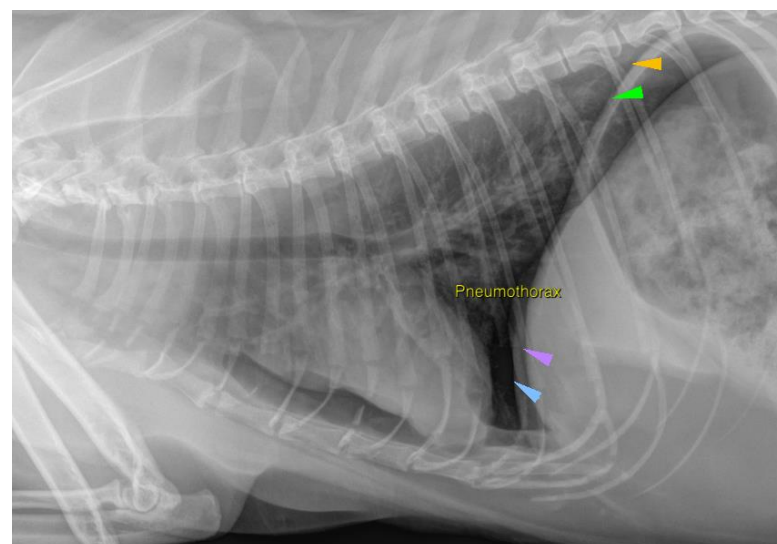
Rodriguez

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**PATIENT**

Trigger Martin

**SPECIES**

Feline

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.

**BREED**

DSH

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.

**SEX**

MN

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**AGE**

11 Years

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