



## PATIENT

Jonesy Thomas

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

2Y

## WEIGHT

7.60lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

ERG

## HOSPITAL NAME

DTLAvets

## REFERRING VET

Dr. Coward

## INVOICE

74604

## DATE

4-14-26

## PRESENTING CLINICAL SIGNS

History / Clinical Signs:

P has a ~1-year history of chronic intermittent hacking and wheezing episodes that wax and wane in severity. Over the past several days, episodes have increased in frequency. Otherwise bright, alert, and stable.

Owner reports no recent environmental changes in the home (no new cleaning products). Occasional use of an essential oil diffuser is reported. A hairball supplement was recently restarted.

Primary Concern: Recurrent reverse sneezing/wheezing episodes.

Rule Outs: Upper airway irritation, allergic airway disease, inflammatory airway disease; asthma considered less likely.

Additional Clinical Findings: Continued advanced gingivitis, most pronounced at the caudal teeth (L > R) with relatively clean crowns.

Oral Examination: Advanced gingivitis and inflammation at caudal dentition (L > R). Tonsillar fossae appear quiet with no evidence of stomatitis in other areas of the oral cavity.

## RADIOGRAPHIC STUDY OF THE THORAX

Orthogonal thoracic radiographs (right and left lateral, ventrodorsal views). Four images

## RADIOGRAPHIC FINDINGS

The trachea is normal in diameter and position.

The esophagus is unremarkable.

A mild bronchial pulmonary pattern is present, most evident within the caudodorsal lung fields. Pulmonary parenchyma is otherwise normal in opacity and aeration.

Pulmonary vessels are within normal limits.

The cardiac silhouette is within normal limits in size and shape (VHS ≈ 7.6), occupying approximately 50% of the thoracic width and ~2.5 intercostal spaces.

The pleural space and mediastinum are unremarkable.

The diaphragm, ribs, and thoracic wall are within normal limits.

The visible cranial abdomen and musculoskeletal structures are unremarkable.

## RADIOGRAPHIC DIAGNOSIS

- Mild bronchial pulmonary pattern, caudodorsally distributed. Differential diagnoses include mild lower airway disease (feline asthma or chronic bronchitis), allergic/inflammatory airway disease.
- No radiographic evidence of pneumonia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild bronchial pulmonary pattern is likely consistent with mild lower airway inflammation and correlates well with the history of chronic intermittent wheezing.



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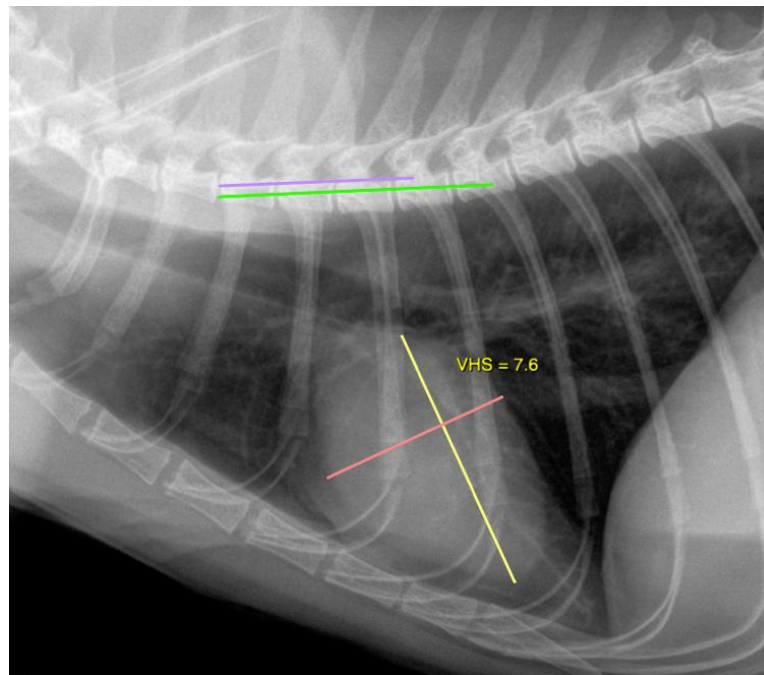
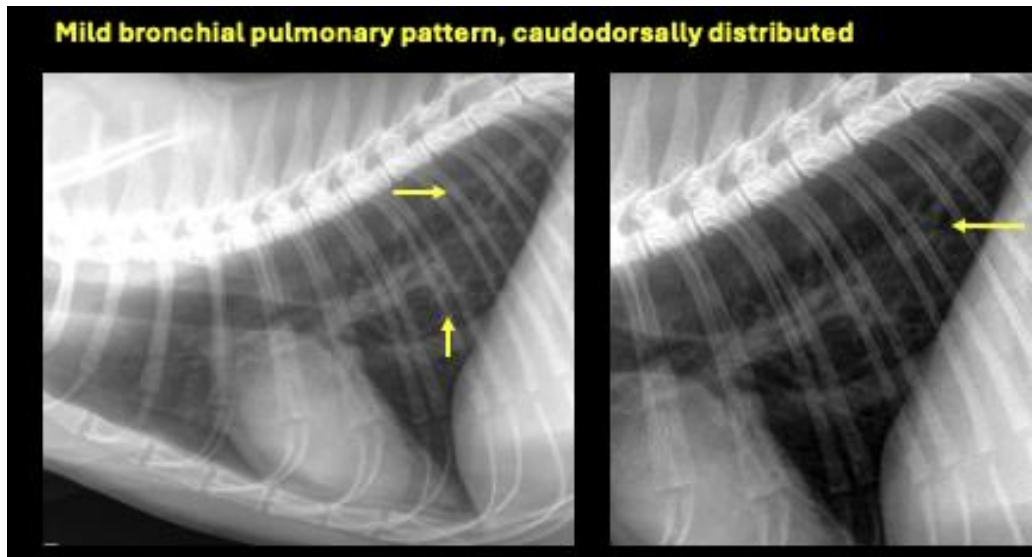
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There is no radiographic evidence of acute alveolar disease or structural cardiopulmonary abnormality to explain the recent increase in clinical signs.

Further airway-focused diagnostics may be considered if clinical signs worsen, including bronchoalveolar lavage for cytology and airway characterization.





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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.

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