



## PATIENT

Luna Marvin

## SPECIES

Feline

## BREED

Siamese mix

## SEX

Female

## AGE

6M

## WEIGHT

3.68lbs

## INTERPRETED BY

Heike Rudolf, DVM, Dr.  
med. Vet., DipECVDDI  
DVR

## IMAGING PERFORMED BY

FFAC

## HOSPITAL NAME

Faithful Friends Animal  
Clinic

## REFERRING VET

Dr. Martha Rideout

## INVOICE

73423

## DATE

1-21-26

## PRESENTING CLINICAL SIGNS

presented for sneezing/coughing  
mild ocular discharge

mild expiratory effort, tachypnea

Kitten is very small for her age and haircoat is unkempt

Seems to have some difficulty swallowing - gulps. Can see evidence of aerophagia on radiograph  
Some wheezing - hard to discern if upper airway or lower.

Oral cavity appears normal, no polyps in ears.

Has some abnormal head movements when eating - not like a cerebellar hypoplasia cat, moves head laterally. More panicky??

Suspicious of a congenital pleural/pericardial hernia

Abnormal PE/Chem/CBC/UA Results: Have not done any labwork

## RADIOGRAPHS OF THE THORAX

R/L lateral and DV are provided, totaling 3 radiographs for interpretation.

## RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with a slightly pendulous ventral abdominal wall.

Only 6 lumbar vertebrae are present. The open growth plates are compatible with the given age.

Trachea, carina, cardiac silhouette and caudal vena cava are ventrally displaced by a mixture of gas and fluid opacity contained in a mediastinal structure, most likely the esophagus.

On the DV view the lung lobes are in contact with the thoracic boundaries; pulmonary vessels are well outlined to the tertiary branches. On both lateral views the clear vascular outline is lost in the ventral lobes, especially caudally.

The cardiac silhouette occupies 40% of the chest height and 2 intercostal spaces. The sternal contact is increased.

The stomach is distended with air, and a gravel sign is present in the region of the pylorus in right lateral recumbency.

## RADIOGRAPHIC DIAGNOSIS

- Megaesophagus, generalized
- Interstitial pattern ventral thorax
- Gastric dilatation
- Gravel sign

Incidental finding:

- Congenital alteration vertebral number

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The side marker on the DV view has either been placed incorrectly or gastric torsion or situs inversus have to be considered.

The structure displacing the mediastinal organs represents the dilated esophagus. As the distension includes the caudal thoracic esophagus, an esophageal stricture due to a vascular ring anomaly is



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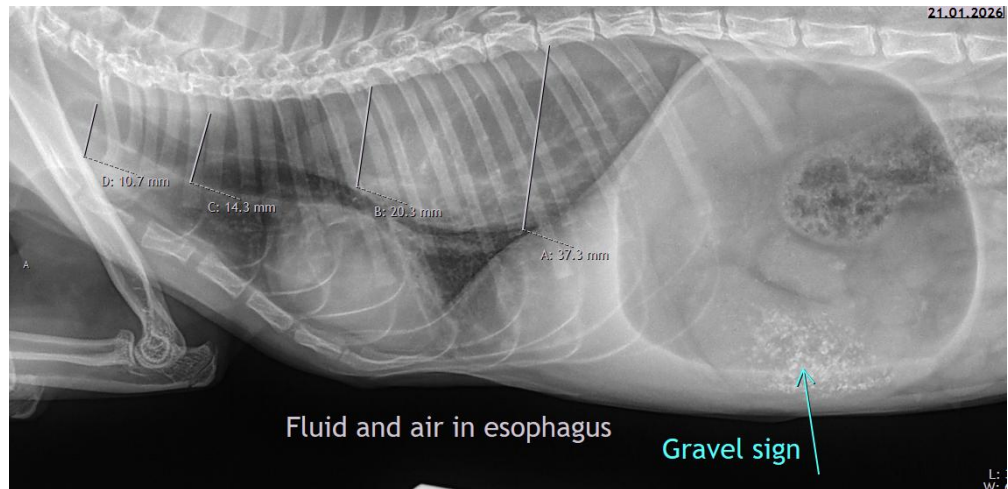
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unlikely. As the esophageal fluid merges with the entire height of the diaphragmatic crura and part of the cupola, a caudal esophageal stricture is also unlikely. Thus, a congenital megaesophagus has to be assumed. Siamese and Abyssinian cats are prone to megaesophagus and neuromuscular disorders such as myasthenia gravis, tetanus, botulism, glycogen storage diseases should be ruled out as causes. Other causes include toxins and immune mediated diseases; though the most likely cause is idiopathic. Food can be mixed with Barium to prove that no obstruction is present. The interstitial pattern ventrally is likely due to compression but an infectious infiltrate due to aspiration is possible; hematology will help rule this out. Gravel sign in the stomach suggests outflow problems and ultrasound is recommended to identify a potential pyloric outflow obstruction.



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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)