



PATIENT

Ray Rohaly

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

6Y

WEIGHT

12lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr Giuliani

INVOICE

73419

DATE

1-21-26

PRESENTING CLINICAL SIGNS

Pt has hx of cough, previous xrays showed possible chronic bronchitis or asthma. Respiratory PCR came back pos for mycoplasma, pt was put on azithromycin for 7 weeks. O reports pt doing better, but pt still coughing, just not as frequent or strong.

RADIOGRAPHS OF THORAX AND NECK

R/L lateral and VD are provided, totaling 6 radiographs for interpretation.

RADIOGRAPHIC FINDINGS

Neck

The bony structures of the visible skull and the C-spine appear physiological. No retropharyngeal swelling is obvious.

Thorax

The body condition score is 8/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges slightly from the thoracic vertebrae, and the carina is located level with T5.

The degree of pulmonary expansion is fair; the tips of the caudal lung lobes are located at T12. A loss of clear vascular outline is accompanied by highlighting of bronchi on both lateral views. On the VD ill-defined round structures are visible esp. in the right caudal lobes

The cardiac silhouette occupies is raised from the sternum by fat. It occupies approx. 75% of the chest height and 2.5 intercostal spaces. On the VD view it takes up more than ¼ of the chest width.

RADIOGRAPHIC DIAGNOSIS

- Reduced pulmonary expansion
- Interstitial infiltrate
- Possible bronchial plugging
- Altered cardiac shape
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reduced pulmonary expansion can be due to primary pulmonary or secondary to abdominal disease e.g., mass, pancreatitis, obesity or thirdly represent an inability of the diaphragm to move caudally.

An interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal e.g., candida, viral, parasitic e.g., aelurostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy,)
- Early idiopathic fibrosis
- Edema
- Diffuse hemorrhage
- Tumor (e.g., lymphoma)

Fecal samples should be obtained to rule out parasites. A broncho-alveolar lavage is recommended.



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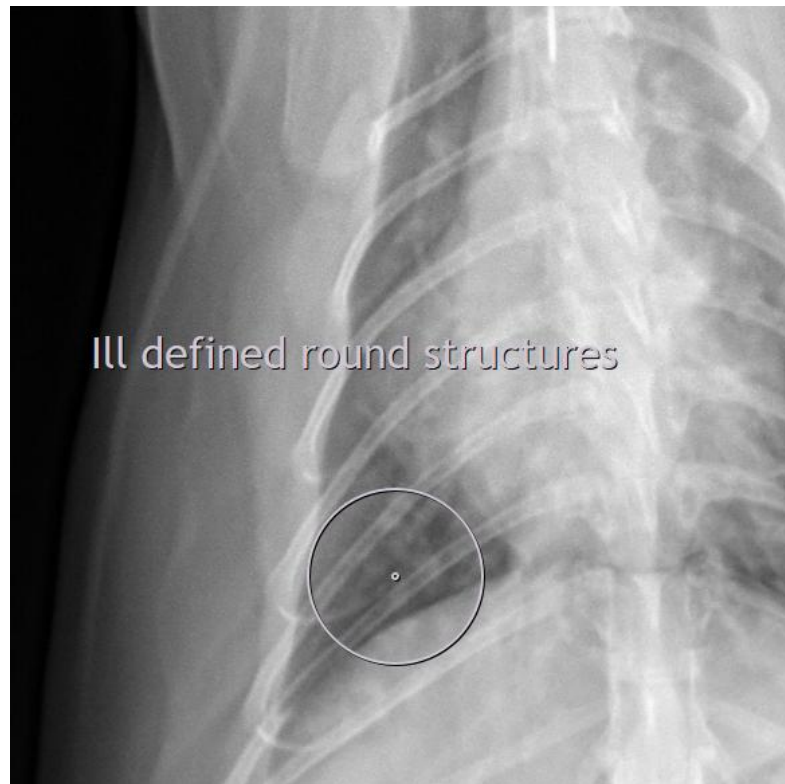
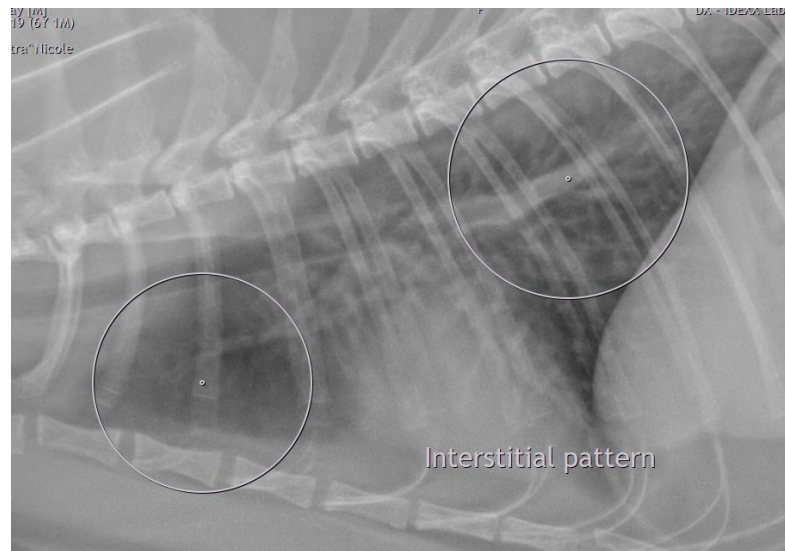
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Obesity is known to worsen clinical signs of cough and impair lung function; weight control is recommended.

Alteration of the cardiac shape could be due to pericardial fat or may represent cardiomyopathy. Should auscultation provide a murmur, echocardiography is necessary.





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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.

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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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info@sonopath.com

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