



PATIENT

Orville Grennille

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

16

WEIGHT

11.11

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only
Veterinary Clinic

REFERRING VET

Renee Ziegler Post

INVOICE

73225

DATE

1-8-26

PRESENTING CLINICAL SIGNS

Patient presented with quiet inspiratory wheeze, increased respiratory effort. Blood work showed elevated globulin levels.

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

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

New bone surrounds the left elbow joint

The trachea runs parallel to the thoracic vertebrae and dips at the carina. A small amount of air is located in the esophagus.

The caudal lung lobes are well expanded. The left cranial lobe is lucent, crosses to the right side and its pulmonary markings are poorly seen. The clear outline of the pulmonary markings in the other lobes is reduced, and doughnuts are evident on the lateral view

A mediastinal shift to the right is present. The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. The right cranial border is close to the rib cage and poorly seen due to the soft tissue gap between left and right cranial lobe.

RADIOGRAPHIC DIAGNOSIS

- Overexpansion left cranial lung lobe (cranial portion)
- Broncho-interstitial infiltrate

Incidental findings:

- Elbow arthrosis
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary changes are highly suggestive of eosinophilic infiltrate with feline asthma. The marked overexpansion of the left cranial lobe may be caused by air trapping (e.g., lobar emphysema) or could be the result of reduced inflation of the right cranial lobe. Depending on the type of globulin elevation it can be due to inflammation, infection or neoplasia. Bronchoscopy with BAL is recommended. The samples should be submitted to cytology and bacteriology.



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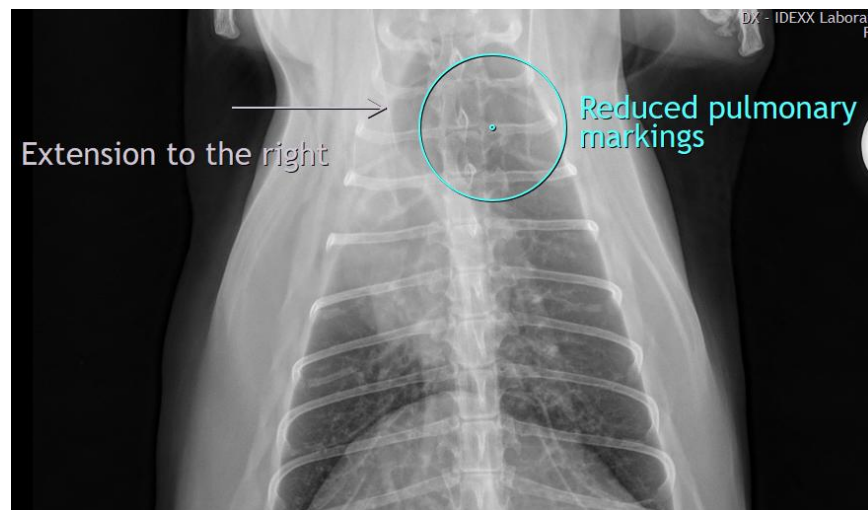
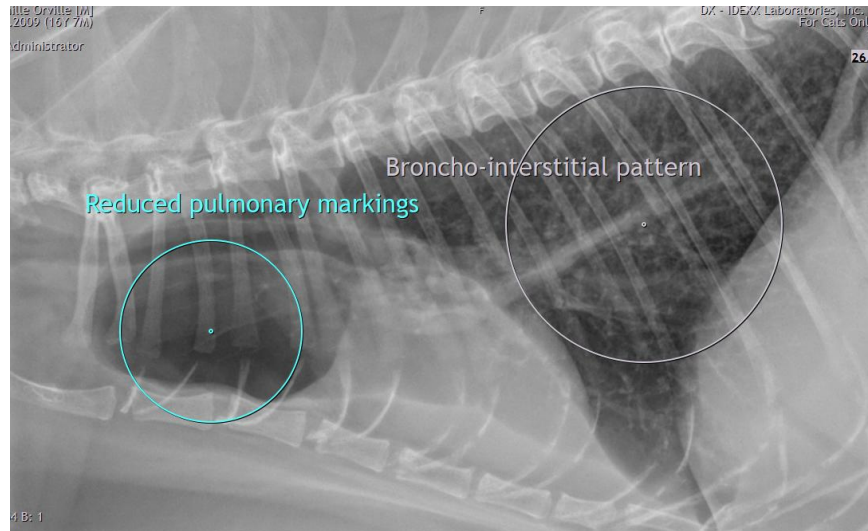
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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