

## PATIENT

Simba Witt

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

17.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

JK

## HOSPITAL NAME

Hamburg VC

## REFERRING VET

Dr. Denheyer

## INVOICE

35353

## DATE

1/9/25

## PRESENTING CLINICAL SIGNS

History: Sudden onset of pneumothorax

Abnormal PE/Chem/CBC/UA Results: Breathing heavy

## RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7/9 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 from the thoracic vertebrae, and the carina is located level with T7.

The degree of pulmonary expansion is very good; the diaphragm is steep.

The lung lobes are well aerated, and vessels extend to the thoracic boundaries. On the VD view the vascular markings on the left are slightly difficult to see but appear to extend almost to the ribs.

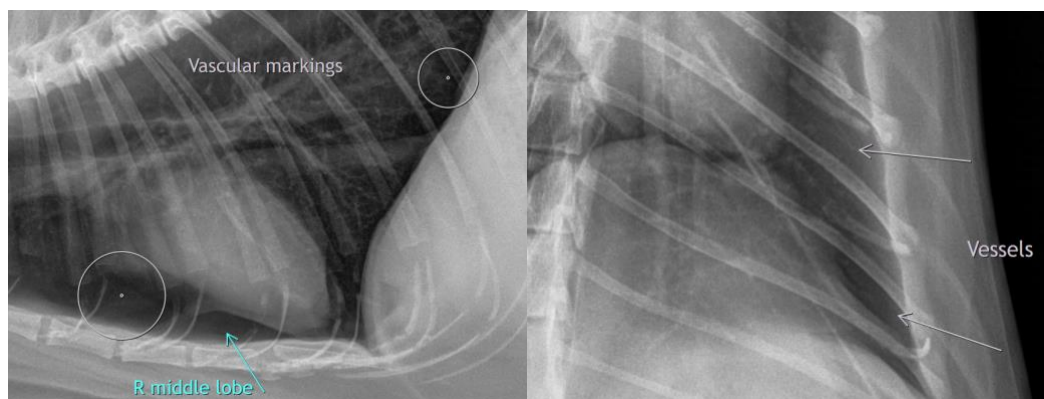
The cardiac silhouette is elevated from the sternum by contained air with vascular markings. In right lateral recumbency the edges of individual lobes are discernable. The cardiac shadow is tilted towards the sternum and occupies 65% of the chest height and 2 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

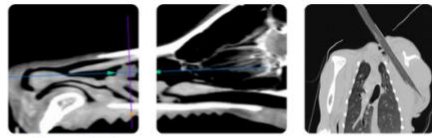
- Pulmonary overinflation

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see vascular markings in the periphery of all lobes. The position of the carina indicates cranial lobar overinflation with caudal displacement of the heart. This is the likely cause for the cardiac elevation. Pulmonary overexpansion is due to emphysema or air trapping. In older cats this is usually caused by eosinophilic infiltrate associated with feline asthma. In case no vascular sounds are auscultated in the periphery, CT of the thorax is necessary to identify pulmonary bullae. Once the broken wall has sealed over, the free air can be reabsorbed. But it can happen again if more bullae rupture.



**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.**



**PATIENT**

Simba Witt

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

17.8

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. Denheyer

**INVOICE**

35353

**DATE**

1/9/25

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)