



PATIENT

Dodger Reibel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.12

INTERPRETED BY

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

IMAGING PERFORMED BY

Russell Earl & Alyssa
Groff

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Russell Earl

INVOICE

35372

DATE

10/30/25

PRESENTING CLINICAL SIGNS

History of heart murmur (2/6), on/off cough (currently controlled). Also hx of LSA. Previous Sonopath echo (Invoice #35109) on 6/16/25 showed "normal" heart. Previous Sonopath radiology review (Invoice #70691) at that time revealed peribronchiolar infiltrate and mediastinal shift to right.

Abnormal PE/Chem/CBC/UA Results: Amylase = 1929 (H) NOSF

RADIOGRAPHIC STUDY OF THE THORAX

Right lateral and lesion orientated oblique VD views are provided, totaling 3 radiographs for interpretation.

Comparison between images dated 30.10.2025 and 16.06.2025

RADIOGRAPHIC FINDINGS

Right and left rib pairs are visible separately on the lateral view. The gap between caudal heart border and dome of the diaphragm is less prominent than previously on all views.

Between ribs 1 and 7 the right cranial thorax is occupied by a soft tissue opacity which displaces the lung lobes centrally; the lobar edges are rounded. The cardiac silhouette is located to the right of the sternum and in close contact with ribs 4 and 5. The right side of the heart is mostly obscured by the soft tissue opacity. Artery and vein for the caudal lobes are still slightly tortuous but of physiological diameter.

In right lateral recumbency the clear outline of the ascending aorta is lost. The cranial lobar bronchus now shows a round soft tissue opacity where there was previously a widening of the air-filled main bronchus. Further along this bronchial tree the bronchial lumen is longitudinally highlighted and terminate in doughnuts. The peribronchial infiltrate is as previously described; the caudal vena cava is better outlined due to a lack of alveolar patches.

RADIOGRAPHIC DIAGNOSIS

- Soft tissue/fluid R chest wall
- Bronchial plug cranio-ventral lobe
- Pulmonary overexpansion (reduced)
- Alveolar patches (no longer obvious)
- Peribronchial infiltrate (as before)
- Mediastinal shift to the right (similar to previously)
- Pulmonary vessel: diameter normal, tortuosity only just visible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary changes are now peribronchial in nature and the overexpansion has also improved. The mediastinal shift is still present but due to the lesion orientated oblique views it is now appreciated that the right sided soft tissue opacity appears to originate along the chest wall. As the ventral lung lobes are in contact with the sternum it has to be assumed that it originates level with the central rib portions. The scalloping of the lung surfaces suggests fluid as a displacing entity which appears to be contained; differential diagnoses include abscess and soft tissue tumor, possibly with necrosis. Due to the shape, a cyst is less likely. The cranio-caudal extent of the lesion is similar to the previous study thus a growth of a potential tumor is slow. Ultrasound is recommended along the right chest wall to differentiate between mass and fluid as well as to obtain a sample.



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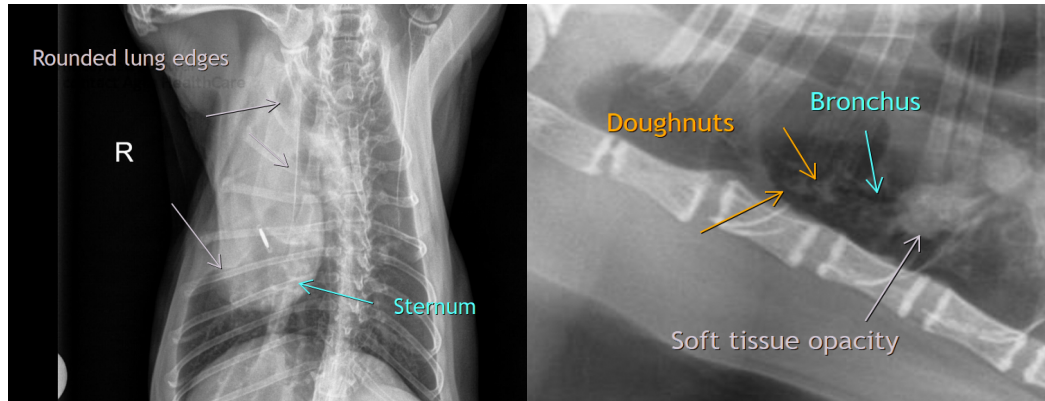
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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