



## PATIENT

Bella Talmadge

## SPECIES

Feline

## BREED

DLH

## SEX

FS

## AGE

15Y, 5M

## WEIGHT

7.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mandy, LVT / Amanda,  
VA

## HOSPITAL NAME

Gentle Doctor Animal  
Hospital

## REFERRING VET

Dr. Thorson

## INVOICE

72456

## DATE

10-31-25

## PRESENTING CLINICAL SIGNS

Crackles noted in both lung fields during new patient exam. Owners report intermittent cough that they suspected was a hairball (no hairballs produced). Occasionally with pant with stress.

Abnormal PE/Chem/CBC/UA Results: Crackles auscultated bilaterally, more prominent on left side. No murmur heard. Panted when stressed during exam and crackles were audible with breaths at this time. Thin body condition.

## RADIOGRAPHS OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

The body condition score is 5/9 with little s.c. fat.

The bony structures are within normal limits. The open growth plates are compatible with the given age. The intercostal space between ribs 6 and 7 appears slightly increased on the right.

The cranial mediastinum is of normal size and opacity. The trachea converges with the thoracic vertebrae, and the carina is located level with T7. The main stem bronchi are narrow on both lateral views.

The caudo-dorsal lung lobes extend to L2, and the dome of the diaphragm is located at T11/12. On the right side, a soft tissue opacity displaces the lung lobes between ribs 6 to 9 medially for approx. 0.7cm; the lobar edges are rounded. Both caudal lobes also are slightly displaced from the rib cage. In both recumbencies the edges of the dorsal lobes are also highlighted by fissure lines. In left lateral recumbency the region of the right middle lobe is of increased opacity with loss of vascular visibility; the cranial edge of the caudo-ventral lobe is clearly outlined. Ventrally the vascular outline is reduced, and bronchi are highlighted; tramlines are evident in the cranio-ventral lobes and a patch of increased opacity with air-bronchograms is located just dorsal to sternebrae 2/3. On all views the vessel diameter is small.

The cardiac silhouette is round, occupies 95% of the chest height and 4 intercostal spaces.

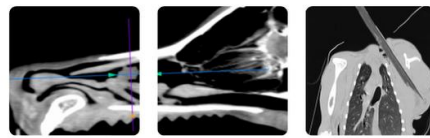
The diaphragmatic outline is steep and only the most ventral aspect is not clearly visible. A physiological amount of liver tissue is located in the cranial abdomen. The gastric axis runs parallel to the ribs.

## RADIOGRAPHIC DIAGNOSIS

- Globular heart
- Mixed lung infiltrate, esp. ventrally
- Pulmonary overexpansion
- Hypovolemia
- Localized fluid central R thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A globular heart shadow is compatible with pericardial effusion. In older animals this is most often due to a heart base tumor (e.g., hemangiosarcoma, chemodectoma) and echocardiography is recommended. Heart failure due to cardiac tamponade can result in effusion and edema. Thoracic ultrasound can help obtain some of the free fluid for analysis. The interstitial lung pattern is a combination of military and reticular components which may represent metastases combined with edema. The bronchial component can be due eosinophilic bronchitis or represent infection. Pulmonary overexpansion is likely due to asthma, which would explain the crackles on auscultation.



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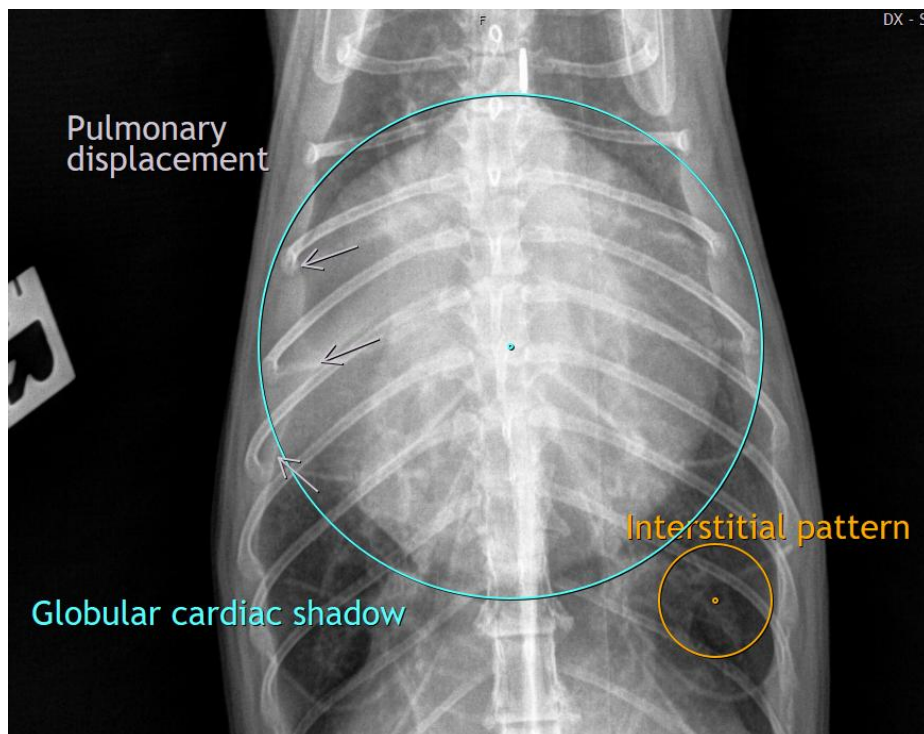
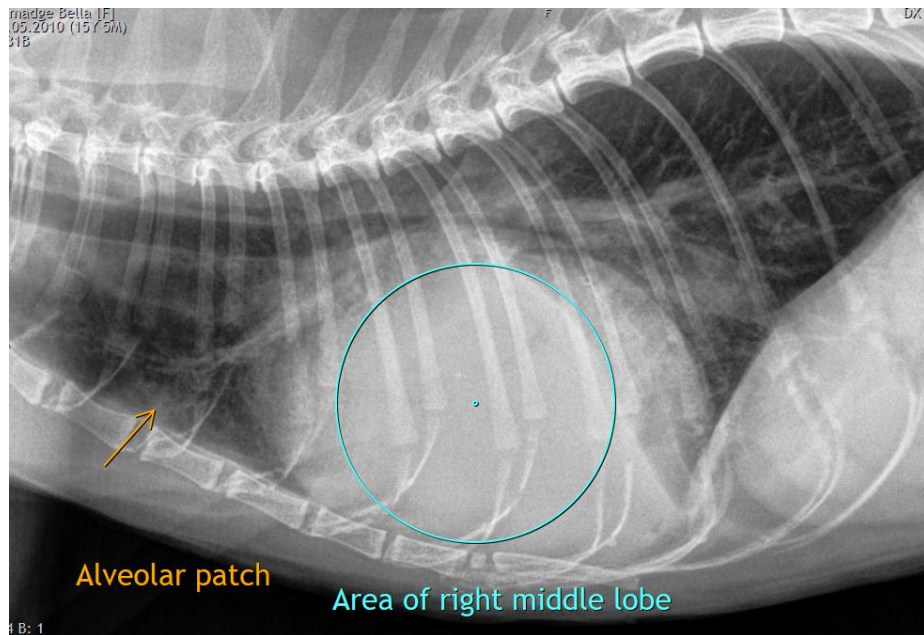
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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