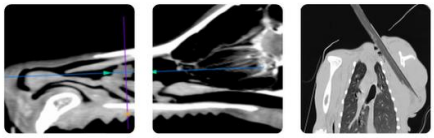


PATIENT

Mika Skeen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13Y

WEIGHT

8.5lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Veterinary Technicians

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Brita Kiffney

INVOICE

72696

DATE

11-20-25

PRESENTING CLINICAL SIGNS

Previously a feral cat, captured in Virginia . Has had all teeth previously extracted, history of IBD, pancreatitis,

Abnormal PE/Chem/CBC/UA Results: unkempt hair coat, missing all teeth, doughy slightly thickened intestines Visualized mass cranial to heart, pending cbc chem ua TT4, fecal fPL

RADIOGRAPHS OF THORAX, ABDOMEN, HEAD AND NECK

Thorax/abdomen: R/L lateral and VD, Head: Lateral oblique, open mouth VD, totaling 9 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth, alternating layers of fat and soft tissue opacity.

Only 6 lumbar vertebrae are present. Mild ventral spondylosis is present at the LS junction. Disc space width varies.

Thorax

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

The degree of pulmonary expansion is fair; all lobes extend to the thoracic boundaries. A soft tissue mass with a diameter of 2cm is located level with ribs 4/5 and superimposed onto the terminal trachea. On the VD it is located close to the right chest wall, level with ribs 5/6. The lung opacity is generally increased with a loss of the clear vascular outline and bronchial enhancement; the right lung appears predominantly affected and its volume is slightly decreased on the VD view. Airbronchograms are evident in the caudo-dorsal lobes on the images labelled L due to accompanying ovoid, soft tissue structure.

The cardiac silhouette occupies 65% of the chest height and 2 intercostal spaces. Chamber or outflow tract enlargement is not obvious. There appears to be a mild mediastinal shift to the right.

Abdomen

The abdominal organs are surrounded by fat; diaphragm and abdominal wall are intact.

The liver is located within the costal arch, and the caudo-ventral lobe is rounded.

The head of the spleen appears physiological.

The stomach contains a small amount of air. The small intestinal loops are located in the ventral abdomen and predominantly on the right. Their size and contents appear physiological. Colon and rectum contain a mixture of fecal matter and gas.

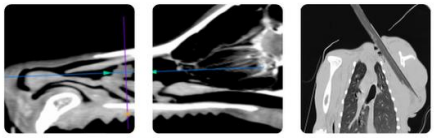
The region between head of spleen and gastric fundus appears of heterogenous increase in opacity.

Both renal shadows have a physiological size and shape. Mineral deposits are present in the L renal pelvis. The bladder is moderately full, and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological.

Head and Neck

The bony structures appear physiological.



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All teeth are missing; the mandibular occlusal surfaces are undulating.

The nasal turbinates are symmetrically developed and surrounded by air.

The opacity of both bullae is increased.

Number and shape of the vertebrae are physiological; their surfaces are smooth. No evidence of osseous destruction or lysis is present along the spine.

The C2/3 disc space is slightly narrower than the rest.

Naso-, oro- and laryngopharynx contain air and have a physiological shape. The retropharyngeal region is of physiological size.

RADIOGRAPHIC DIAGNOSIS

- Soft tissue mass R cranial lobe
- Generalized, mixed lung infiltrate R more than L
- Heterogeneous increase in opacity left cranial abdomen

Incidental findings:

- Reduced C2/3 disc space
- Increased opacity bullae
- Congenital variation vertebral number
- Renal calcification

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main differential diagnoses for the soft tissue mass include granuloma and tumor. It appears to be located in the right cranial lobe and close to the thoracic wall; ultrasound guided samples can be obtained for cytology. The generalized lung infiltrate can be due to inflammation, infection, fibrosis and interstitial tumor such as lymphoma or a combination of these factors. Broncho-alveolar lavage is recommended for a diagnosis. The increase in opacity of the right cranial abdomen can be due to a folded splenic tail or may represent pancreatic enlargement. Should the fPLI be elevated, abdominal ultrasound is recommended.

Alterations in disc space width without clinical signs either represent a positional artefact or are due to disc dehydration without spinal cord compression. An increase in opacity of the bulla without external ear disease or clinical signs can represent an artefact due to age related alterations of the bulla wall opacity or can be caused superimposed soft tissue structures. Accumulation of fluid is a differential diagnosis.

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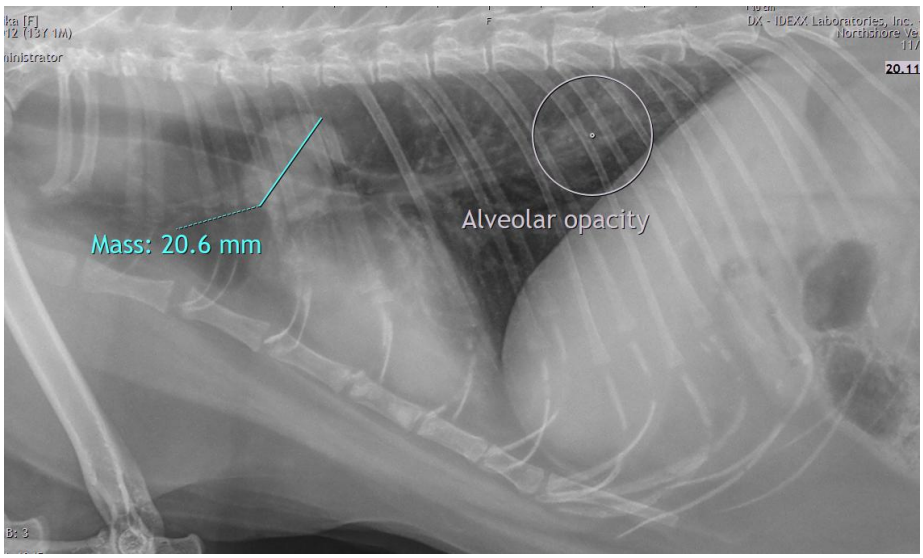

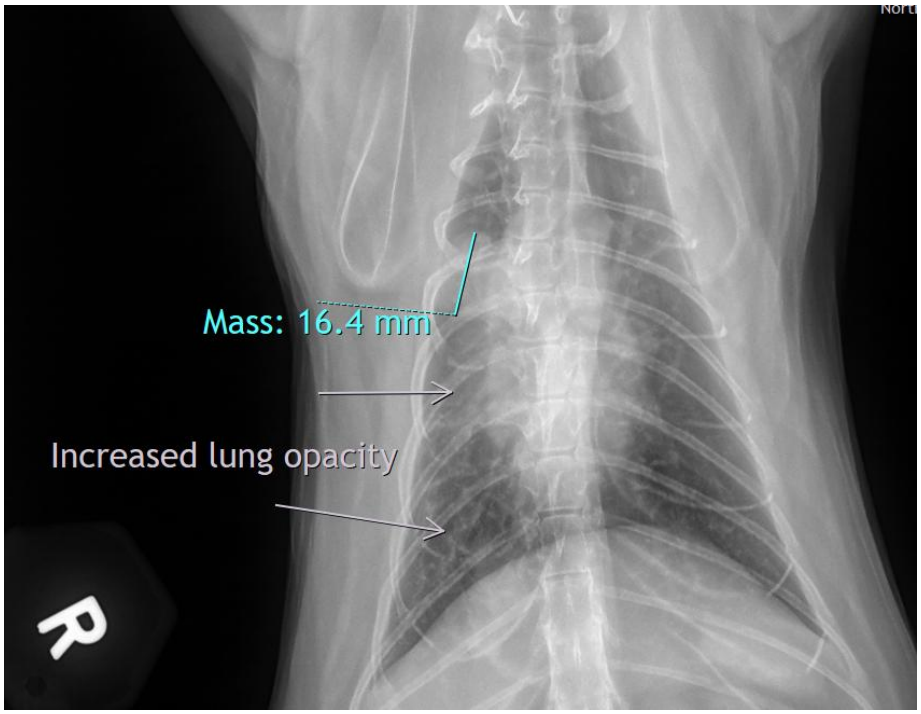

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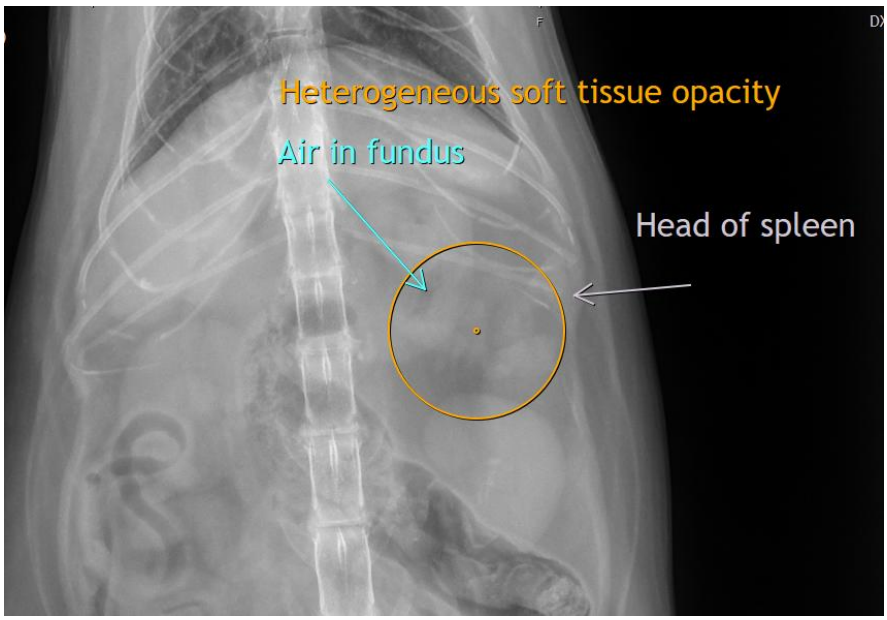

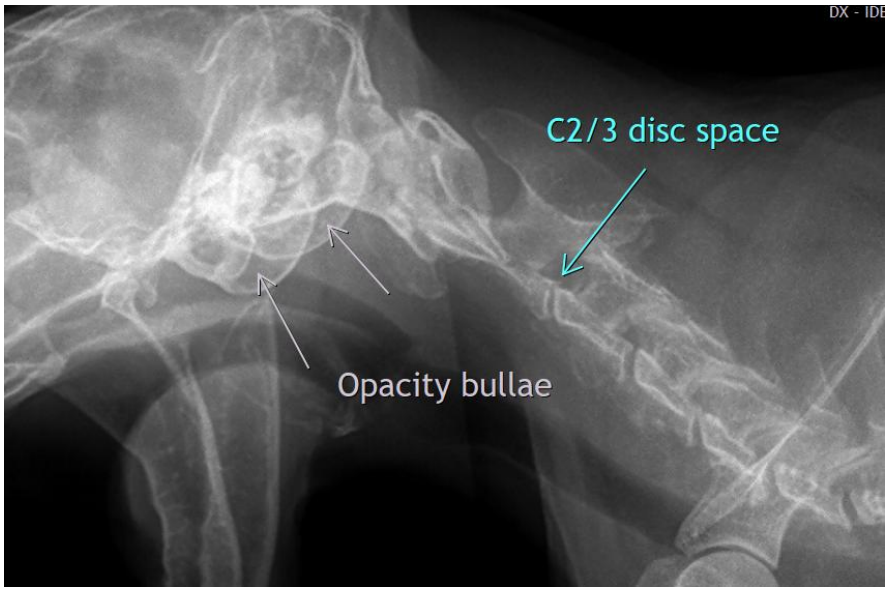

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com