



## PATIENT

Mia Anchel

## SPECIES

Feline

## BREED

Devon Rex

## SEX

Female

## AGE

5 Years

## WEIGHT

4.60

## INTERPRETED BY

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

## IMAGING PERFORMED BY

KP/GCD

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Dr. Hoh

## INVOICE

35594

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

History: Chief complaint: RETURNING PATIENT PRESENTING FOR HALITOSIS. O IS REQUESTING NAD AND THP. O REPORTS P HAS BEEN WHEEZING/BREATHING ISSUES. Past medical hx: AP 4/26/24. NAD 3/3/25. Current medications: NONE LISTED

## RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9 with a large amount of falciform fat.

Right and left ribs are superimposed.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5/6. A caudal dorsal tracheal stripe sign indicates air in the esophagus.

The degree of pulmonary expansion is good. A gap is present between cupula and tip of the heart. The lung lobes extend to the thoracic boundaries and are fully inflated. Pulmonary vessels are well outlined to the tertiary branches. Occasional peri-bronchial infiltrate results in the formation of small doughnuts.

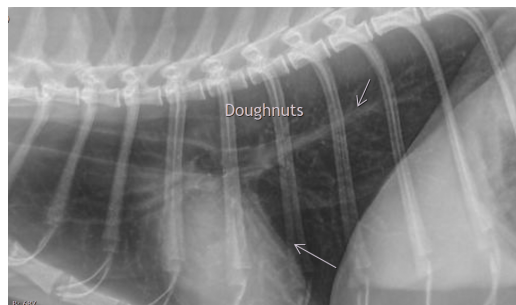
The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Mild peribronchial infiltrate
- Dyspnea, mild

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild hyperinflation of the lungs associated with mild dyspnea are suggestive of feline asthma or obstructive lung disease. The doughnuts are small and only visible in two places. Further examinations consisting of bronchoscopy and BAL for cytology and bacteriology. This will help differentiate between feline asthma and bacterial bronchitis, which can be present without radiographic evidence. Fecal samples should be obtained to rule out aelurostrongylus. Wheezing can also be caused by upper airway obstruction such as nasopharyngeal polyp, which can be looked for during the same G.A.



**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



**PATIENT**

can be of any further assistance, please contact me.

Mia Anchel

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

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