


**PATIENT PRESENTING CLINICAL SIGNS**

Milo Merritt 4 mo MI DSH - presented for acute onset dyspnea and respiratory distress. No history of trauma or electrocution  
 Abnormal PE/Chem/CBC/UA Results: Patient is oxygen dependent with crackles audible bilaterally, gallop appreciated. BW pending; viral testing pending tFAST - B lines bilaterally

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE THORAX**

RLR, LLR, DV

**BREED**

DSH

**RADIOGRAPHIC FINDINGS**

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

**SEX**

Intact Male

The bony structures appear physiological. The open growth plates are in line with the given age.

**AGE**

4 Months

A honeycomb pattern with large gaps between the opaque borders is present in the ventral lung lobes, giving them a bullous appearance. A more linear consolidation is overlying the caudal heart border on the left lateral recumbent view and between ribs 5 and 7 on the DV view. The dorsal lobes have a linear interstitial pattern with loss of the clear vascular outline and peripheral bronchial enhancement. Doughnuts are present.

The cranial mediastinum is of physiological size and opacity. It appears to be dorsally displaced by overexpansion of the cranio-ventral lobes. The trachea runs parallel to the thoracic vertebrae and dips at the carina, which seems to be small. The main stem bronchi are not easily followed on the lateral views.

**INTERPRETED BY**

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

The cardiac silhouette occupies 85% of the chest height and 2.5 intercostal spaces. Two bulges are evident, one in the region of the aortic arch and one in the region of the left auricular appendage. The region of the right atrium is prominent. The cardiac silhouette has followed the sternum, which is located to the right of the vertebral column and thus the right side of the heart is in close contact with the thoracic wall.

**HOSPITAL NAME**

 Animal Health  
 Partners

**RADIOGRAPHIC DIAGNOSIS**

- Mixed lung pattern
- Possible lung bullae
- Possible cardiomegaly

**REFERRING VET**

Dr. Julia Cecchini

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes are severe and consist of all three types of lung infiltrate. The honeycomb appearance suggest overexpansion of alveoli as occurs in congenital bulla formation. However, it could also be the result of a severe, localized reticular interstitial pattern. Differential diagnoses include infection (bacterial, fungal e.g. candida, viral) and inflammation as occurs in feline asthma. Bronchoscopy and broncho-alveolar lavage are necessary but depend on the patient being clinically stable. Alternatively, an ultrasound guided FNA can be obtained from the lungs. Antibiotic and corticosteroid therapy will have to be combined if no sample can be obtained due to the condition of the patient. Once the infiltrate has reduced, bullae are more easily identified on follow up radiographs. Alternatively, a CT examination can be carried out. The appearance of the cardiac silhouette may be due to the slight rotation but

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33094

**DATE**

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**PATIENT** echocardiography is recommended to rule out a reverse PDA and right sided hypertrophy due to pulmonary hypertension.

Milo Merritt

**TECHNICAL COMMENTS**

**SPECIES** R side marker placed on the side with the fundus (L).

Feline

**BREED**

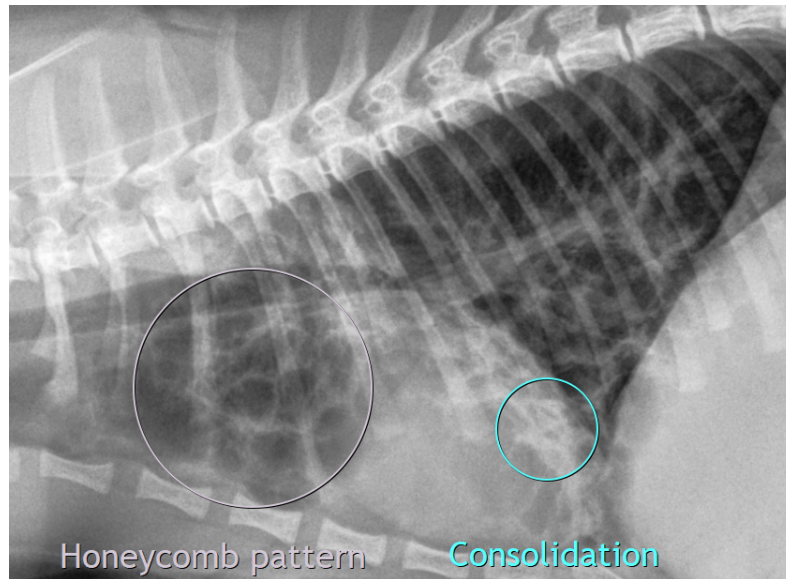
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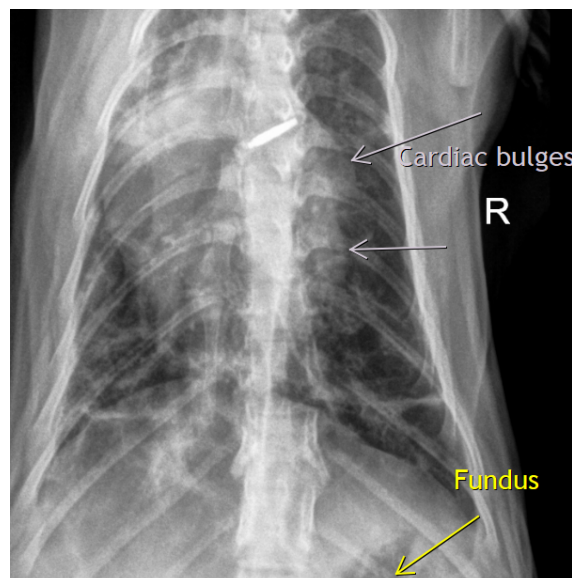
Dr. Julia Cecchini

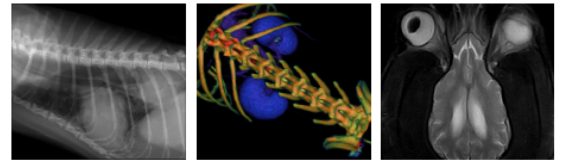
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**PATIENT**

Milo Merritt

**SPECIES**

Feline

**BREED**

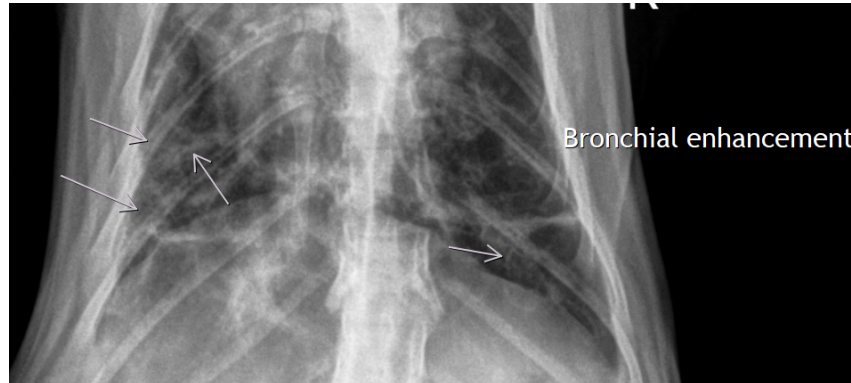
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**AGE**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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  
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