



PATIENT

Rush Desantis

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

24Y

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

72767

DATE

11-26-25

PRESENTING CLINICAL SIGNS

The patient presented a week ago with a lack of appetite, although he was active, alert, and had normal vital signs. There was only a minor alteration in kidney enzymes. Upon palpation, significant abdominal distension was noted. Note: The unmarked x-ray is the one on the right side.

RADIOGRAPHS OF THORAX AND ABDOMEN

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

RADIOGRAPHIC FINDINGS

The body condition score is 7-8/9.

The bony structures are within normal limits.

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

The degree of pulmonary expansion is fair at best. The diaphragm is located at T11 and the dome at T8. The lung lobes extend to the thoracic boundaries. Pulmonary vessels are visible.

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

Abdomen

The abdominal detail is reduced and the abdominal walls centrifugally displaced.

The stomach contains air and is in a physiological position. The gas filled small intestine is centrally and dorsally displaced.

Both renal shadows are surrounded by retroperitoneal fat.

RADIOGRAPHIC DIAGNOSIS

- Distended abdomen
- Ground glass appearance of the abdomen
- Reduced pulmonary expansion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Free fluid is present in the abdomen. It is not clear if this the fluid is primary, as occurs in FIP, or if it is secondary e.g., due to a rupture of the gall- or urinary bladder, pancreatic disease, mesenteric tumor, lymphoma, hemangiosarcoma. Abdominal ultrasound is needed to assess the organs. Alternatively, an unguided abdominal tap can be performed to identify the type of fluid. Due to the abdominal fluid the caudal lung expansion is diminished. Respiratory and possibly cardio-vascular compromise is likely present.



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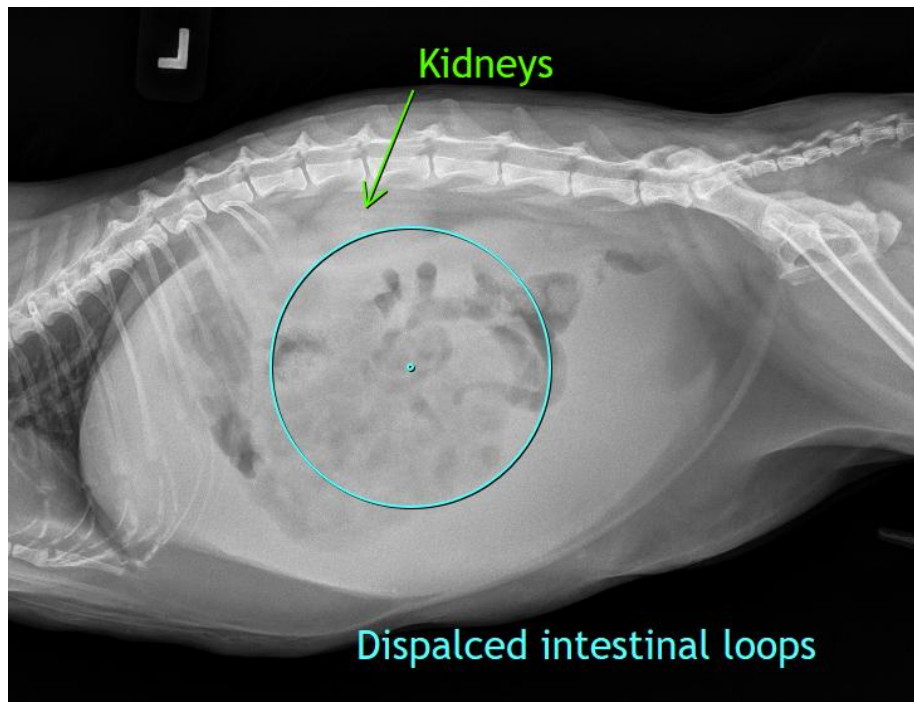
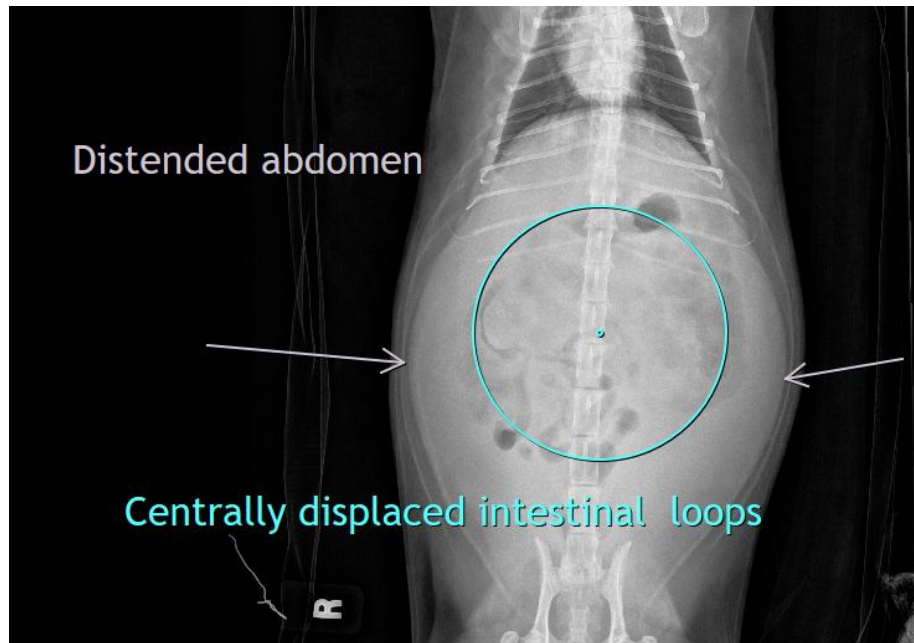
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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