



PATIENT

Malachi Venm

SPECIES

Feline

BREED

Munchkin X

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.23

INTERPRETED BY

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

IMAGING PERFORMED BY

Chappelle VC

HOSPITAL NAME

Chappelle VC

REFERRING VET

Dr. Bassam
Abdelmalek

INVOICE

35714

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History: CKD patient, recent episodes of dyspnea, please evaluate lungs

RADIOGRAPHIC STUDY OF THE THORAX

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

Ribs are present on 14 vertebrae. On the VD view the position of ribs 7-10 result in an hourglass appearance of the rib cage. The manubrium sterni is fused with the first sternebra; the last sternebra is short.

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

The degree of pulmonary expansion is fair at best. The ventral lobes are slightly displaced from the sternum by fat. A mixed lung pattern with alveolar patches in middle, caudal and accessory lobes is present. It is superimposed onto the diaphragm between caudal vena cava and sternum on the lateral and partially obscures the cardiac outline, especially on the VD view.

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

One kidney is large, the other one small

RADIOGRAPHIC DIAGNOSIS

- Mixed lung infiltrate
- Reduced pulmonary expansion
- Obesity

Incidental finding

- Renal disease
- Congenital vertebral and sternal anomalies

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely differential diagnoses for a mixed pulmonary infiltrate are:

- Infection (bacterial, fungal, viral, parasitic e.g., *Aelurostrongylus*)
- Inflammation (e.g., eosinophilic bronchopneumopathy)

Less likely are:

- Edema (e.g., volume overload due to renal disease, HCM)
- Hemorrhage

Reduced pulmonary expansion on all 3 views can either be due to:

- increased abdominal pressure, e.g., obesity, or
- reduced pulmonary compliance e.g., due to fibrosis.

Further tests are necessary, and echocardiography is recommended to rule out early signs of dystrophic mineralization and cardiomyopathy. Systemic hypertension should be ruled out and blood obtained for hematology and biochemistry if it has not already been done. Fecal samples can help rule out certain parasites. Depending on the results of these tests, bronchoscopy may become necessary to



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obtain a sample for cytology and bacteriology. Alternatively, a combination of antibiotics and steroids can be tried for a set period of time.

Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.



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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