



PATIENT

Serendipity Carr

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Months

WEIGHT

7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Northshore Vet Techs

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Caley Howard

INVOICE

35704

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History: Has been coughing the last few months, now several times a day. Will start panting after exercise.

Abnormal PE/Chem/CBC/UA Results: Lung sounds a little harsh. Does not allow rectal temp. Normal heart sounds. Recent fecal float negative

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures are physiological. Open growth plates are compatible with the given age.

The cranial mediastinum is of physiologic width, on the lateral views the thorax cranial to the heart shows an increase in opacity but the pulmonary vasculature is still visible. The trachea diverges from the thoracic vertebrae, and the carina is located level with T6.

The degree of pulmonary expansion is fair. The lung lobes extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. On the VD view both sides are rounded resulting in a rugby ball shape.

RADIOGRAPHIC DIAGNOSIS

- Possible cardiomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac silhouette appears slightly plump, and which could be a sign of congenital heart disease or early onset cardiomyopathy. Echocardiography is recommended. Should the heart be normal, upper respiratory problems such as nasopharyngeal polyp or laryngeal cyst can cause open mouth-breathing. Bronchitis can be present without radiographic evidence thus bronchoscopy with BAL for cytology and bacteriology should be considered. The increased opacity in the cranio-ventral thorax is likely due to the thymus.





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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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info@sonopath.com