



PATIENT

Nova Ackley

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years

WEIGHT

14.75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Krueger, LVT

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Dr. Sydney Thorson

INVOICE

35884

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Owner noted increased respiratory rate 24 hours ago as well as declining appetite for 48 hours. No nasal congestion or discharge noted. Owners witnessed a short hacking episode ~1 week ago, no history of coughing prior to this.

Abnormal PE/Chem/CBC/UA Results: Increased respiratory rate (60 bpm), no abdominal effort with breathing, no fever (temperature 101.4). Decreased 1 lb in past 2 years.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 8/9 with poor differentiation of fat and soft tissue layers.

Small bone spurs are present on some vertebral endplates.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The degree of pulmonary expansion is fair. Only one set of blood vessels is visible on the lateral views. In right lateral recumbency the aerated cranio-dorsal aspect of the left caudal lobe is convex. On the VD views the left cranial lobe is of soft tissue opacity. The remaining lobes show a poor vascular outline.

The cardiac silhouette is elevated from the sternum by fat and tilts cranially. It occupies 65% of the chest height and 2 intercostal spaces. The region between aorta and left auricle merges with the increased opacity of the cranial lobe.

RADIOGRAPHIC DIAGNOSIS

- Consolidation left cranial lobe
- Interstitial pattern
- Obesity
- Altered fat opacity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consolidation of a lung lobe can be due to infection, granulomatous infiltrate, tumor or atelectasis due to emboli. Ultrasound guided FNA should be attempted. Depending on the cytological results, a CT may be necessary to rule out metastases. An interstitial lung pattern is a non-specific finding and accentuated by amount and altered opacity of the fat. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal, parasitic e.g., aelurostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy)
- Edema
- Diffuse hemorrhage
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

Fecal samples should be obtained to rule out parasites. A broncho-alveolar lavage is recommended for the caudal lobes and samples should be submitted for bacteriological and cytological examination. The increased opacity of the surrounding fat layers could be due to inflammation and blood should be obtained for biochemistry and hematology, if it has not already been done.



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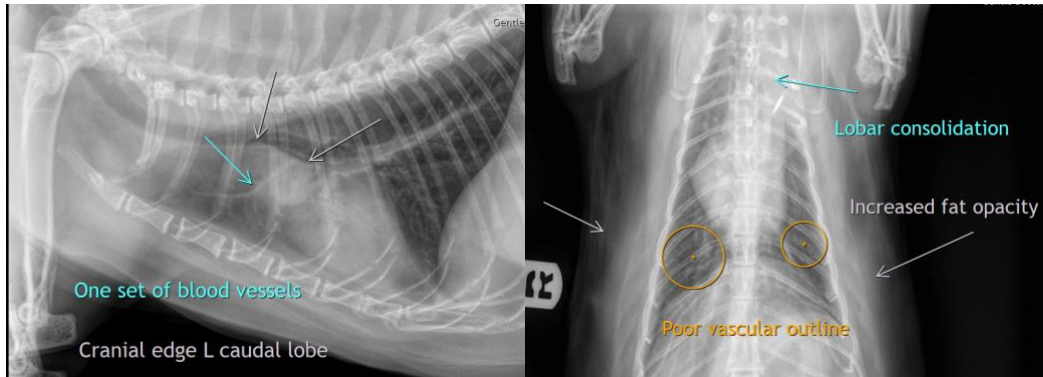
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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