



## PATIENT

Aries Kerchner

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Female Spayed

## AGE

10Y

## WEIGHT

13.06

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Ziegler-Post

## HOSPITAL NAME

For Cats Only  
Veterinary Clinic

## REFERRING VET

Renee Ziegler-Post

## INVOICE

73055

## DATE

12-18-25

## PRESENTING CLINICAL SIGNS

Has recently become lethargic, onset about yesterday, pt seems pale per O, sniffing and wheezing, NO coughing, some nasal discharge (clear) Patient had eye removed in March w/bx= probably lymphoma

## RADIOGRAPHS OF THE THORAX

R lateral and DV are provided, totaling 2 radiographs for interpretation.

## RADIOGRAPHIC FINDINGS

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

A crescent shaped, soft tissue opacity is located immediately ventral to the vertebral body of T4. The bony structures appear physiological. L1 has a rudimentary rib on the left. 8 lumbar vertebrae are present with L8 apparently transitional.

The cranial mediastinum contains fat, and fat is also present cranio- and caudoventral to the cardiac silhouette. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5.

The degree of pulmonary expansion on the lateral view is good with the tip of both caudal lobes located at L1. The caudal vena cava (CVC) is stretched and the gap between caudal heart border and dome of the diaphragm is increased.

The lung lobes are slightly displaced from the thoracic boundaries by fat and the edges are rounded. The caudal lobar vessels have the same diameter as rib12 at their intersection. The vascular outline of the tertiary branches is blurred.

The cardiac silhouette occupies is tilted cranially and surrounded by fat, especially on the DV view. It occupies approx. 75% of the chest height and 2 intercostal spaces. The aortic arch is prominent on both views

## RADIOGRAPHIC DIAGNOSIS

- Pulmonary overexpansion
- Interstitial pattern
- Obesity
- Opacity ventral to T4

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Obtaining images in full inspiration is difficult, especially in fat animals. Thus, fully expanded lobes (on the lateral view) in an obese animal are highly suggestive of a pathological overexpansion which is often associated with feline asthma.

An interstitial lung pattern is a non-specific finding and accentuated by the obesity. Possible differential diagnoses for a true infiltrate include:

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



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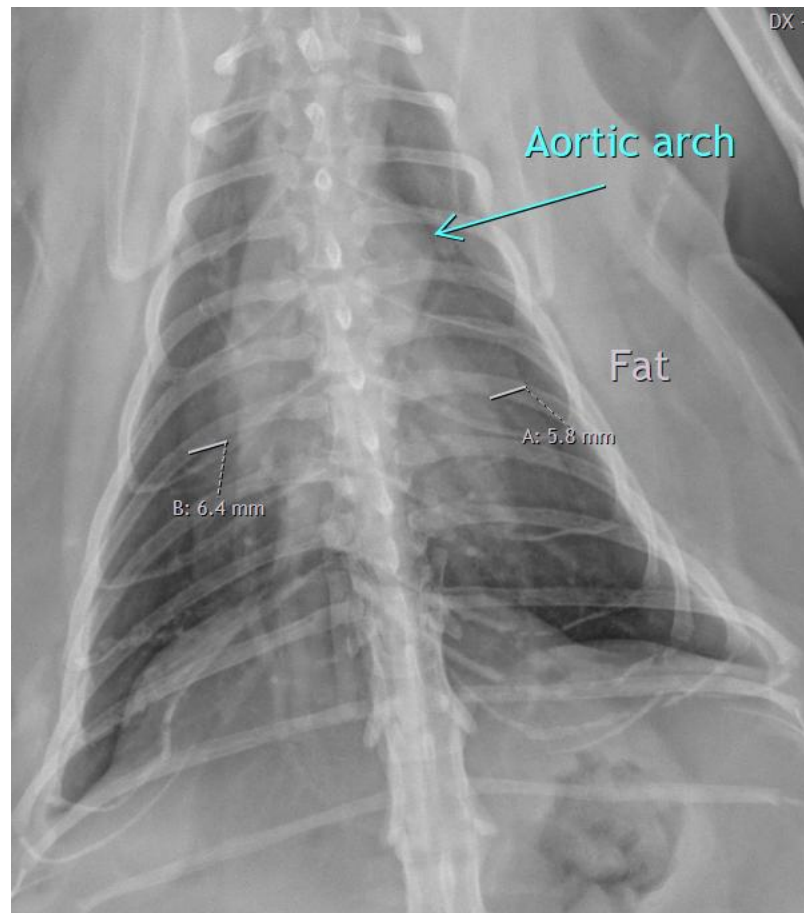
12-18-25

Fecal samples can be obtained to rule out parasites. Bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. The combination of wheezing with nasal discharge is suggestive of an allergic disease.

Cranial tilting of the heart is seen in older cats and changes the position of the aortic arch. The described changes are thus not per se pathological. However, the prominent caudal lobar vessels could represent overcirculation and echocardiography is recommended to rule out HCM and pulmonary hypertension.

The significance of the crescent shaped opacity ventral to T4 is questionable and could represent incompletely ossified spondylosis or overlying fat. Monitoring is recommended.

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





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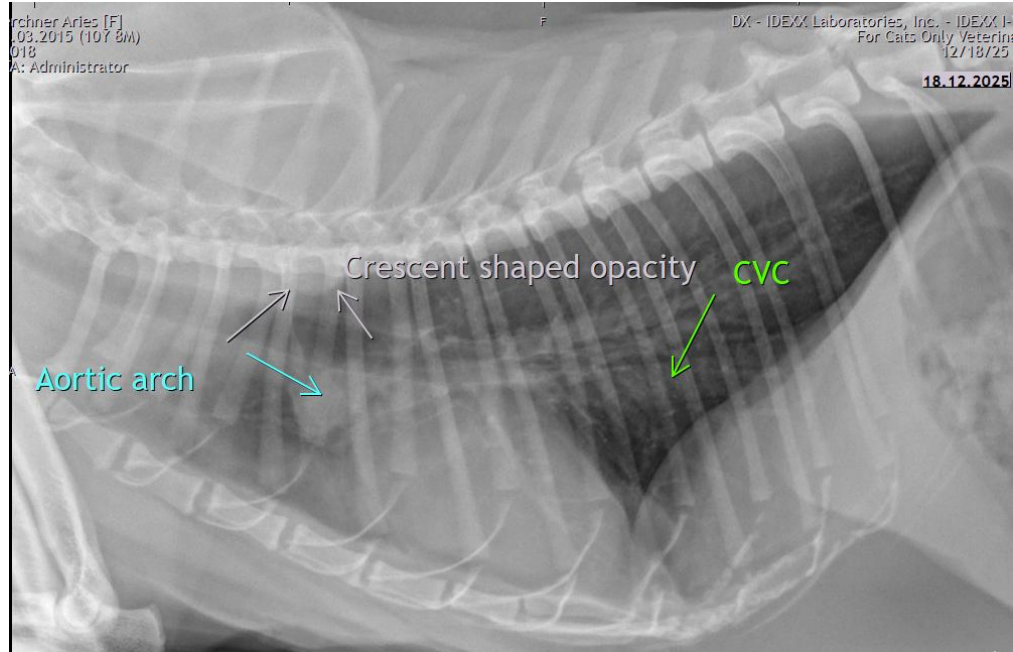
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)