



PATIENT

Squid Din

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

19

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Branning

INVOICE

35999

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: Open mouth breathing during exam, lack of appetite

Abnormal PE/Chem/CBC/UA Results: Radiographs show mild pleural effusion, and possible lung mass

RADIOGRAPHIC STUDY OF THORAX

The body condition score is 8/9 with smooth, alternating layers of fat and soft tissue opacity.

The intercostal spaces are wide, the ribs straight and superimposed onto each other.

The trachea diverges from the thoracic vertebrae, and the carina is located level with T5/6.

The lung lobes are displaced away from the thoracic boundaries to different degrees, and their surfaces are rounded. Pulmonary vessels are blurred due to the amount of perithoracic tissue and pleural fluid.

The cardiac silhouette appears to be elevated from the sternum on the lateral view and is obscured on the VD view. It appears to occupy 65% of the chest height and 2 intercostal spaces. Chamber or outflow tract enlargement cannot be assessed.

An ovoid soft tissue opacity is superimposed onto the ventral liver lobe on the lateral and the right cranial abdomen on the VD view.

The detail is slightly reduced in the mid- and cranial abdomen

RADIOGRAPHIC DIAGNOSIS

- Pleural fluid
- Dyspnea
- Reduced abdominal detail
- Possible gall stones

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnoses for pleural fluid include:

- Exudate
- Transudate
- Modified transudate
- Chyle
- Blood

In association with the loss of abdominal detail exudate, chyle and blood appear less likely. Echocardiography is recommended in case DCM or thrombi are present. A fluid sample should be obtained at the same time. Abdominal ultrasound is necessary to differentiate between ascites and mesenteric edema/inflammation e.g., due to pancreatic disease and to confirm that gall stones are present.



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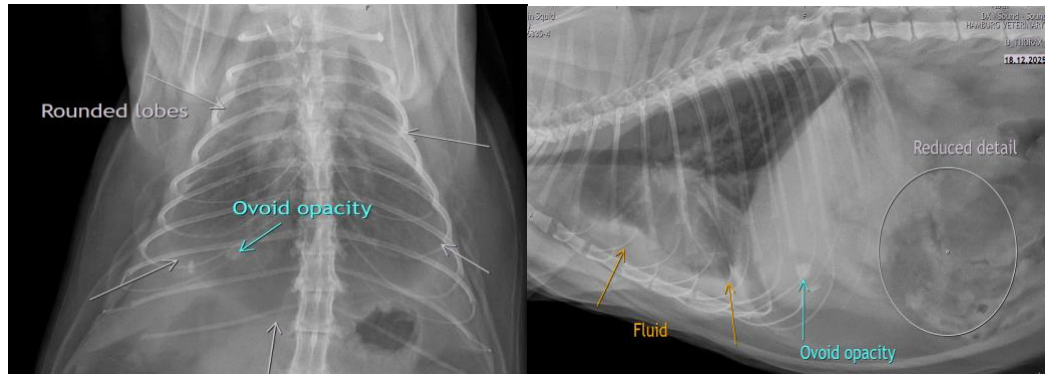
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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