



**PATIENT**

Theo Durot

**PRESENTING CLINICAL SIGNS**

Presented for annual exam, no concerns. Over weight cat.

**SPECIES**

Feline

**RADIOGRAPH OF THE THORAX**

RLR, LLR, DV

**RADIOGRAPHIC FINDINGS**

**BREED**

DSH

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

Small osteophytes are present on the vertebral end-plates.

The bony structures appear physiological.

**SEX**

NM

The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The main lobar vessels appear prominent on the lateral views. The peripheral vessel outline is reduced, and bronchi are highlighted; this is especially obvious in the right caudal lobe. Some doughnuts are present. On the DV view a thick, tubular structure is located just to the left of the midline and superimposed onto the diaphragm, in the region of the esophagus.

**AGE**

12 Years

The cranial mediastinum is of physiological size and opacity. The cranial thoracic esophagus contains air, causing a small dorsal tracheal stripe sign. The trachea diverges from the thoracic spine and carina as well as main stem bronchi are elevated.

**INTERPRETED BY**

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

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. The region of the left atrium is prominent.

**HOSPITAL NAME**

Balmy Beach Pet  
Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Broncho-interstitial pattern
- Prominent main pulmonary vessels
- Possible left atrial enlargement
- Possible caudal esophageal widening
- Air in cranial esophagus

**REFERRING VET**

Dr. Singh

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

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The generalized interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

- Edema
- Infection (bacterial, fungal, parasitic)
- Inflammation (e.g. eosinophilic bronchopneumonia)
- Hemorrhage
- Fibrosis
- Tumor (e.g. lymphoma)

**DATE**

12-23-21



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The imaging findings should be correlated with the clinical findings before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out.

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Elevation of carina, prominent left atrial region and main pulmonary vessels suggest a cardiac disease. Echocardiography is recommended to rule out HCM. Should left sided cardiac disease be present, pulmonary oedema would be the most likely explanation for the radiographic findings. Routine faecal samples will have ruled out lung worm.

**BREED**

DSH

Obesity is known to impair lung function; weight control is strongly recommended.

**SEX**

NM

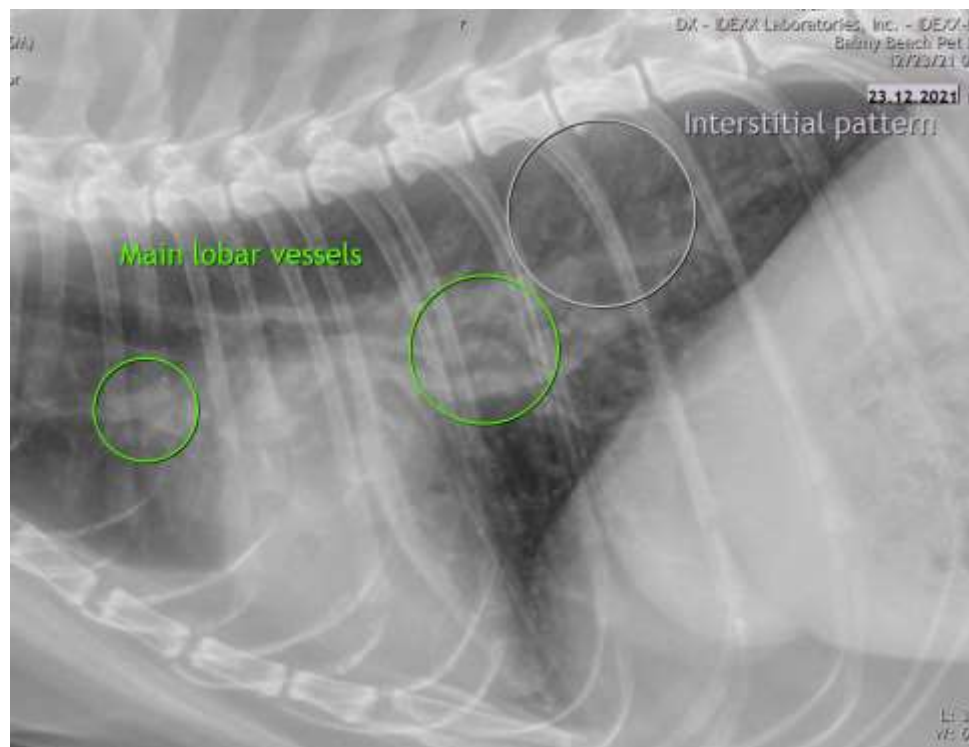
The tubular structure in the region of the esophagus may represent the esophagus or could be an artefact. Should clinical signs related to the gastro-intestinal tract occur, further examinations such as esophagoscopy should be considered.

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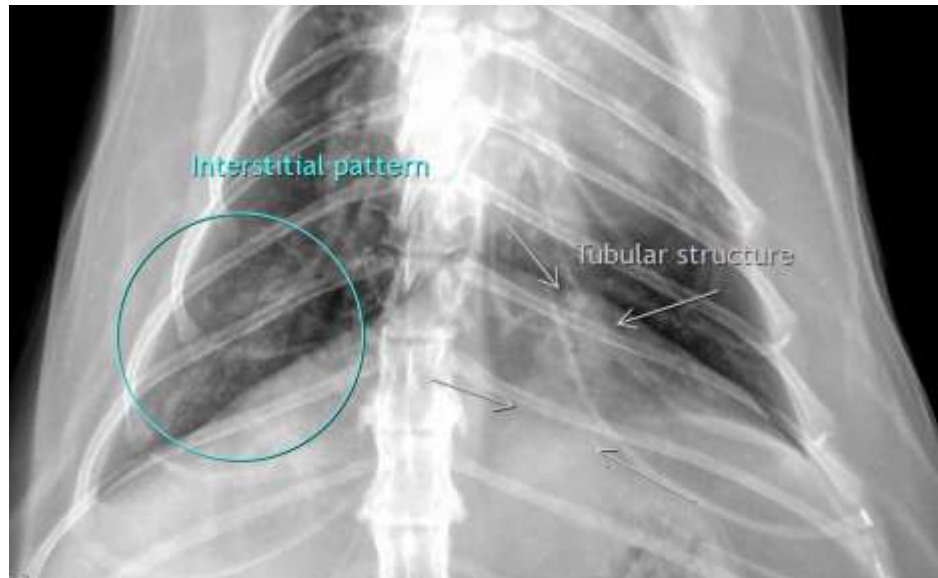
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**BREED**

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**SEX**

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**AGE**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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