



## PATIENT

Muffin Perez

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

11 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carmen

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Mucera

## INVOICE

35102

## DATE

12/26/25

## PRESENTING CLINICAL SIGNS

History: Pt is experiencing labored breathing and a persistent cough. Minimal improvement on antibiotics

## RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

The body condition score is 7-8/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures are within normal limits.

### Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T6. z

The degree of pulmonary expansion is good. The lung lobes extend to the thoracic boundaries. The bronchial tree is well outlined; tramlines and doughnuts are present. The vascular markings are smudged.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. On the VD view a double cardiac outline due to pericardial fat is present on the left.

### Abdomen

The abdominal organs are surrounded by fat; diaphragm and abdominal wall are intact.

The liver is located within the costal arch, and the caudo-ventral lobe is pointed.

The head of the spleen appears physiological.

The stomach is moderately distended with food. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of formed fecal matter.

Both renal shadows have a physiological size, shape and opacity. The bladder is moderately full, and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological. The inguinal lymph nodes are enlarged.

## RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial pattern
- Inguinal lymphadenomegaly

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Increased visibility of the bronchial walls can be due peribronchial infiltrate and bronchial wall calcification. Both can be present concomitantly. In cats the reason is usually eosinophilic inflammation, which can lead to feline asthma. The differential diagnosis is infectious bronchitis. Blurring of the vascular edges can be due to inflammation, early infection, edema and lymphoma. Ideally bronchoscopy with BAL should be carried out and the samples should be submitted for bacteriology and cytology.

The increased size of the inguinal lymph nodes could be reactive or represent lymphoma. All peripheral lymph nodes should be manually assessed for size and samples, esp. from the inguinal ones, obtained



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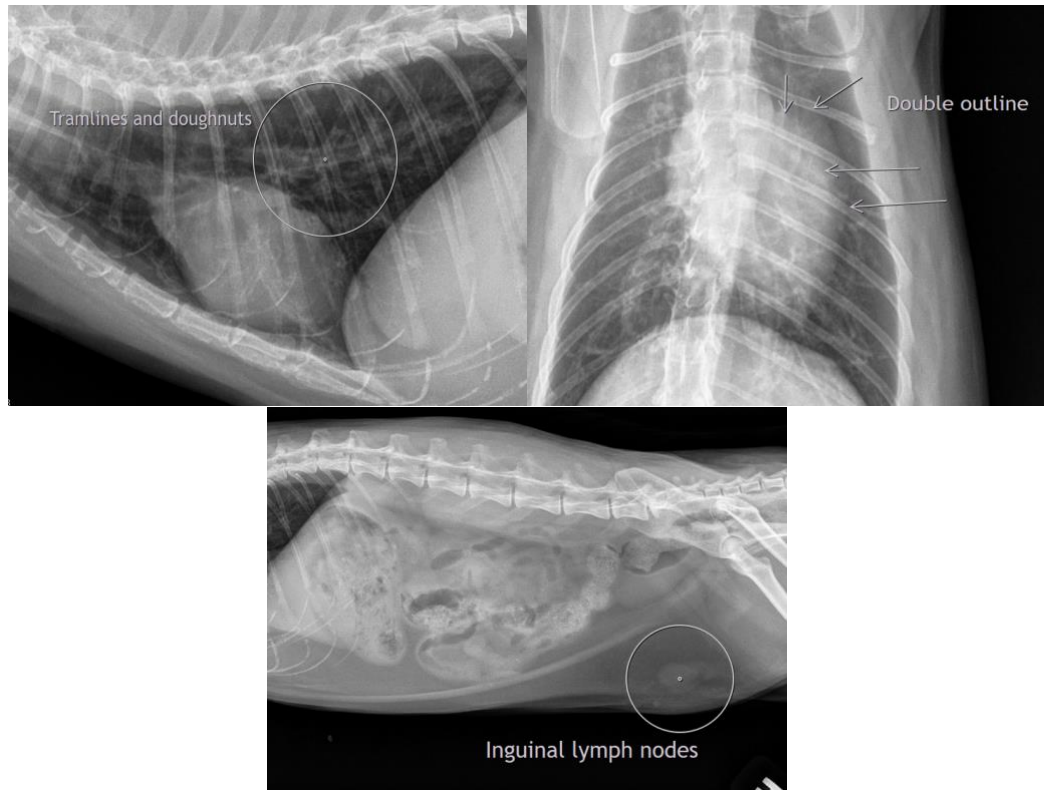
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for cytology. The latter is important prior to the administration of steroids for bronchial inflammation, as the prognosis of lymphoma chemotherapy is influenced by it.

The cranio-caudal dimension of the heart is increased which could be an artefact due to pericardial fat or may represent an early heart disease such as cor pulmonale; no compatible signs appear to be present on the VD. Echocardiography is recommended to look for regurgitant flow on tricuspid and pulmonary valve as well as ruling out HCM.



**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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