



PATIENT PRESENTING CLINICAL SIGNS

PATIENT French Fry Randolph
SPECIES Feline
BREED DSH
SEX Neutered Male
AGE 10 Years 3 Months

History: Reason for Visit: BREATHING HEAVILY History: P IS A 10Y3M OLD M/N DSH PRESENTING TODAY FOR BREATHING HEAVILY. OVER PAST COUPLE DAYS P BREATHING HEAVIER NO OPEN MOUTH BREATHING BUT O DESCRIBING ABDOMEN CONTRACTING AS IF TRYING TO VOMIT. O STATES P MAKING CHOKING NOISE DID VOMIT THE OTHER DAY. P DID NOT EAT LAST NIGHT HAS NOT USED LITTER BOX. kidneys - Large volume fluid within pseudocyst left kidney, right kidney pseudocyst approx 50% the size of left side.

Abnormal PE/Chem/CBC/UA Results: Hydration: Hydrated Mentation: BAR EENT: N Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: grade III/VI murmur, clear breath sounds, marked abdominal effort (abdomen depresses when P breathes in) Abd/GI: soft, non-painful, mildly distended (O says it looks unchanged) Uro/Perineum: N Musculoskeletal: ambulatory x4, no lameness noted. BCS 7/9 Neurological: appropriate

RADIOGRAPHIC STUDY OF THE THORAX

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

The bony structures appear physiological.

Thick, soft tissue opaque fissures are present between the middle and caudal lobes on both sides. The lung lobes are rounded and displaced away from the chest wall to varying degrees, depending on the recumbency. A loss of the clear vascular outline is evident, doughnuts and tramlines are present and some oval to nodular opacities appear on the DV view which are associated with the bronchial tree. An ill-defined soft tissue opacity appears to be superimposed onto the caudal vena cava on the DV view.

The trachea runs parallel to the thoracic vertebrae and is in line with the carina.

The cardiac silhouette occupies 90% of the chest height and 3 intercostal spaces. On the DV it occupies ¾ of the thoracic width.

The ventral liver lobe extends beyond the costal arch and is rounded.

RADIOGRAPHIC DIAGNOSIS

- REFERRING VET** Dr. White
- Pleural effusion
 - Cardiomegaly
 - Mixed lung infiltrate (mainly broncho-interstitial)
 - Hepatomegaly, mild
 - Obesity (incidental finding)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are suggestive of cardiomyopathy with bilateral heart failure. However, the rounded and occasional tubular structures associated with the bronchi are compatible with the “tree in budd” sign

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French Fry Randolph

and represent plugging of bronchi with mucous or pus. Echocardiography is recommended to assess cardiac function and chamber size. Should the heart be normal, a sample of the free fluid should be obtained to rule out hemorrhage, exudate and chyle. A CT examination can highlight the interstitial pattern and the bronchial plugging best. A broncho-alveolar lavage is indicated to identify the type of bronchial infiltrate once cardiomyopathy has been ruled out or treated.

SPECIES

Feline

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

BREED

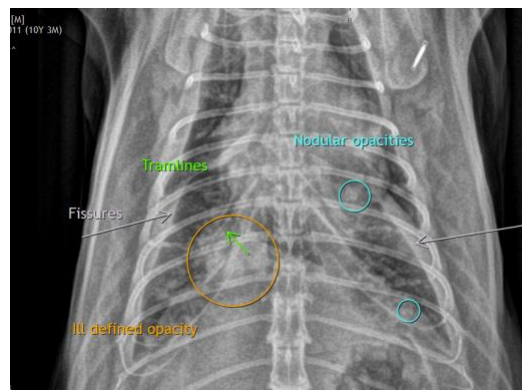
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

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

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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HOSPITAL NAME

DPC Veterinary H

REFERRING VET

Dr. White

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