



PATIENT

Dexter Shaw

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16

WEIGHT

4.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sherry Vartanian

HOSPITAL NAME

My Pet Mobile Vet

REFERRING VET

Dr. Sherry Vartanian

INVOICE

35828

DATE

2/13/26

PRESENTING CLINICAL SIGNS

History: P was diagnosed with aspirated pneumonia on 1/7/26. rechecking to see progress.

RADIOGRAPHIC STUDY OF THE THORAX

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

New bone is evident on some endplates. The cranial sternum shows a mild dorsal deviation.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5.

The degree of pulmonary expansion is fair. The dome of the diaphragm is located level with T7. The lung lobes extend to the thoracic boundaries. Blurring of the pulmonary walls is present and bronchi are highlighted. In left lateral recumbency a curved soft tissue linear structure extends from the bronchi dorsally T11 and extends for 3cm along the dorsal lung surface level with T11/12. Pulmonary vessels are not visible over the cardiac silhouette. In right lateral recumbency the tubular soft tissue structure is less well outlined but an increase in opacity is located between the caudo-dorsal heart border and the cranial aspect of the caudal vena cava. On the VD a loss of clear vascular outline with highlighted bronchi surrounds the cardiac silhouette.

The cardiac silhouette is tilted cranially which subjectively increases the sternal contract. It occupies 65% of the chest height and 2 intercostal spaces. On the VD

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Caudo-dorsal lobes, localized tubular increase in opacity
- Possible cardiomegaly

Incidental findings

- Congenital sternal anomaly
- Spondylosis
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming that the previous changes of aspiration pneumonia were located in the ventral lung lobes, an interstitial component is still present. The tubular soft tissue opacity is only visible on the lateral views and warrants further examination in case clinical signs are unresponsive to treatment or reoccur at a later stage. A CT examination is then recommended. The perceived cardiomegaly on the VD view could be due to the age related, cranial tilting of the heart or may represent atrial enlargement due to HCM. Echocardiography is recommended to rule this out, as the lung changes could be due to edema. Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.



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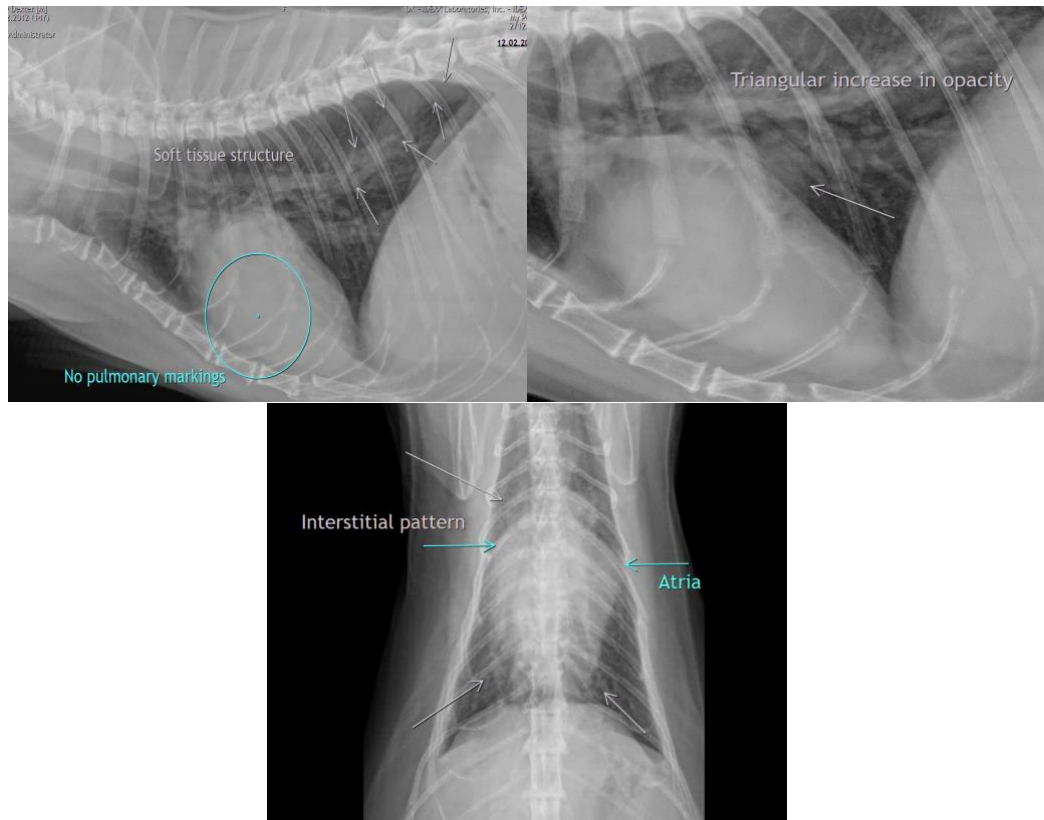
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
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