



PATIENT

Luna Groth

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

13.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Kim Allyn, DVM

INVOICE

35829

DATE

2/13/26

PRESENTING CLINICAL SIGNS

History: Originally came in earlier this week for a lump on the side of her neck and it was noted that she has been eating less since Sunday. Did subcutaneous fluids and a convenia injection as treatment. Came back for chest x-rays because she's not improving. Lethargic and started wheezing

Abnormal PE/Chem/CBC/UA Results: PE: From 2/10/2026 Hydration: Decreased skin turgor, estimated 5% dehydrated Mouth/Teeth: Broken lower left carnassial tooth with secondary resorptive lesion, missing most teeth behind canines, concern for pain and secondary infection, recent removal of loose tooth fragment with minor bleeding Coat/Skin: 1 cm raised, hairless, erythematous skin mass on left neck, Brief exam performed today, no changes except her gums are tacky and the tooth is healing well. Chem/CBC/UA: WBC 22.2 K/ μ L, 3.9 - 19.0 K/ μ L Neutrophils 19.514 K/ μ L, 2.62 - 15.17 K/ μ L Monocytes 0.533 K/ μ L, 0.042-0.467 K/ μ L BUN 13 mg/dL, 16-37 mg/dL Creatine Kinase 716 U/L, 64-440 U/L Cardiopet proBNP 103 pmol/L, 0-100 pmol/L

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 9/9.

The bony structures appear physiological. The rib pairs are straight and run parallel to one another.

Reverse fissures level with rib 7 on the right and level with rib 9 on the left suggest mediastinal fluid.

A round soft tissue mass with an approx. diameter of 5cm is located on the right crus of the diaphragm. Its cranial outline is slightly undulating in right lateral recumbency. The lung lobes are displaced from the thoracic boundaries by fluid; this is especially obvious caudo-dorsally and in the right caudal thorax. A fissure line is present on the left. Some doughnuts are just visible in the left caudal lobe.

The cardiac silhouette appears to be of physiological size.

RADIOGRAPHIC DIAGNOSIS

- Mass R caudal thorax
- Pleural fluid mostly on right
- Mediastinal fluid
- Dyspnea

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The origin of the mass is likely the right crus of the diaphragm but could also originate from the parietal pleura. Due to the slightly irregular outline of the cranial aspect of the mass a solid structure (tumor, granuloma) is more likely than fluid (abscess, cyst). The associated fluid could be blood, chyle, transudate or modified transudate. Aspiration with analysis (cytology +/-bacteriology) is recommended. The origin of the mass should be more obvious on ultrasound which may have to have performed intercostally or in right lateral recumbency from ventrally. Sampling is recommended if possible.



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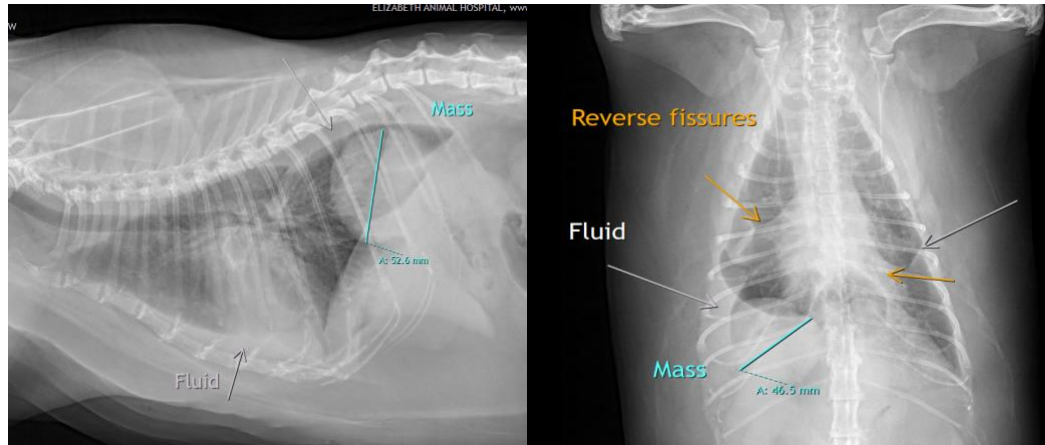
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com