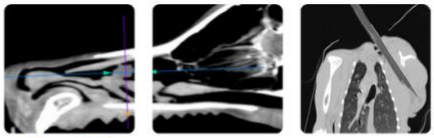

PATIENT

Maxie Cabral

SPECIES

Feline

BREED

Calico

SEX

Spayed Female

AGE

14 Years

WEIGHT

6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

Animal Clinic Queens

REFERRING VET

Dr. Mucera

INVOICE

35751

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History: The patient presented with hematuria, lethargy for several days, and decreased appetite. During the examination, a small bladder and mild dehydration were observed. An X-ray was recommended, and the patient was sent home with medication.

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

Mild ventral spondylosis is present on some vertebrae.

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

The lung lobes are well aerated and overexpanded. The diaphragmatic outline is steep. Pulmonary vessels are visible to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery. On the VD view a pea sized, nodular soft tissue opacity is superimposed onto the cardiac silhouette and rib 6 on the left. Small ovoid gas bubbles are located on its cranial edge. The same structure is superimposed onto the aorta level with T6/7 in the lateral views.

The cardiac silhouette is tilted cranially. It occupies 65% of the chest height and 2 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

Abdomen

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

The ventral liver lobe appears to extend beyond the costal arch and is rounded. A wavey mineral line is located with the costal cartilages of ribs 11.

The spleen appears physiological.

The stomach is not visible. A tubular, soft tissue structure extends from the region of the pylorus in a caudo-ventral direction. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a mixture of formed fecal matter and gas.

Both renal shadows have a physiological size and opacity. The right caudal pole is rotated laterally. The bladder is superimposed by intestinal loops but appears to contain moderately full and an ovoid, amorphous mineral opacity is located ventral to L7 in the region of the cranio-dorsal bladder.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Mineral opacity urinary bladder
- Tubular structure caudal to liver
- Nodular opacity left cranio-dorsal lung lobe
- Linear mineralization caudal liver/pylorus
- Overexpansion lungs

Incidental finding

- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT

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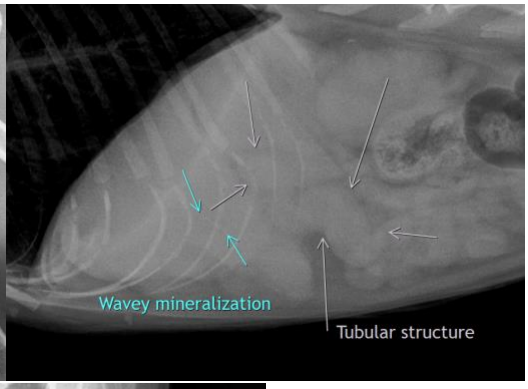
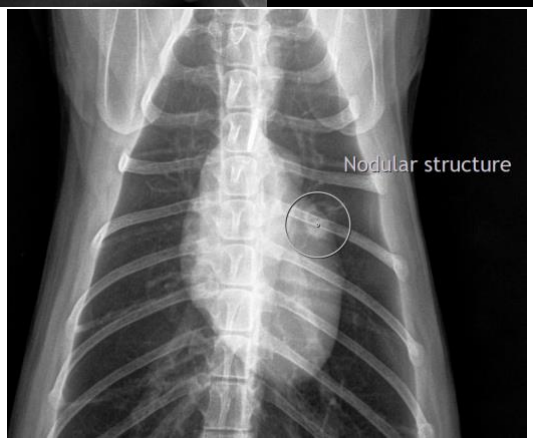
The mineralized structure is visible on both lateral views is a similar position; a location in the bladder is thus likely. It could represent a mineralized tumor (malignant or benign) or be associated with an inflammatory, localized thickening of the bladder wall. The tubular structure caudal to the liver could represent a disease in duodenum, pancreas or extrahepatic bile duct. The linear mineralization could be located in the stomach, liver parenchyma or gall bladder. Further imaging is needed, and I suggest ultrasound because samples can be obtained at the same time. The nodule in the lung may represent a cyst, granuloma or metastasis. Follow up radiographs in 8 weeks will show if it has grown or altered its appearance. The overexpansion of the lungs could be due to decreased abdominal resistance in a lean cat or can be due to feline asthma. Depending on the presence of respiratory signs bronchoscopy with BAL will be useful.





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