



PATIENT PRESENTING CLINICAL SIGNS

Niblets Borst History: Coughing

RADIOGRAPHIC STUDY OF THE THORAX

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

Feline The bony structures appear physiological.

BREED The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible but the edges of the tertiary bronchi are slightly blurred. The bronchial tree is well visible due to doughnuts and tramlines. Interspersed are small soft tissue opacities with variable shapes and outlines. The cranial lung lobes extend cranially past rib 1 and the gap between caudal heart border and dome of the diaphragm is slightly increased.

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

Spayed Female The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. On the VD the pericardial fat is clearly visible, no chamber or outflow tract enlargement is evident.

AGE RADIOGRAPHIC DIAGNOSIS

- 10
- Peribronchial infiltrate, moderate
 - Non-specific nodules
 - Interstitial pattern, mild
 - Overexpansion lung lobes, mild

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are compatible with eosinophilic bronchitis, as seen with feline asthma. The unspecified nodules most likely represent early forms of the “tree in bud sign” where peripheral bronchi are filled with mucous and inflammatory cells. The nodules can resemble granulomatous and metastatic nodules. Tracheobronchoscopy with broncho-alveolar lavage are necessary to differentiate eosinophilic from infectious bronchitis, though both may be present at the same time.

HOSPITAL NAME

Summit Dog & Cat
Hospital

REFERRING VET

Dr. Vogler

INVOICE

21596

DATE

3/11/23



PATIENT

Niblets Borst

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10

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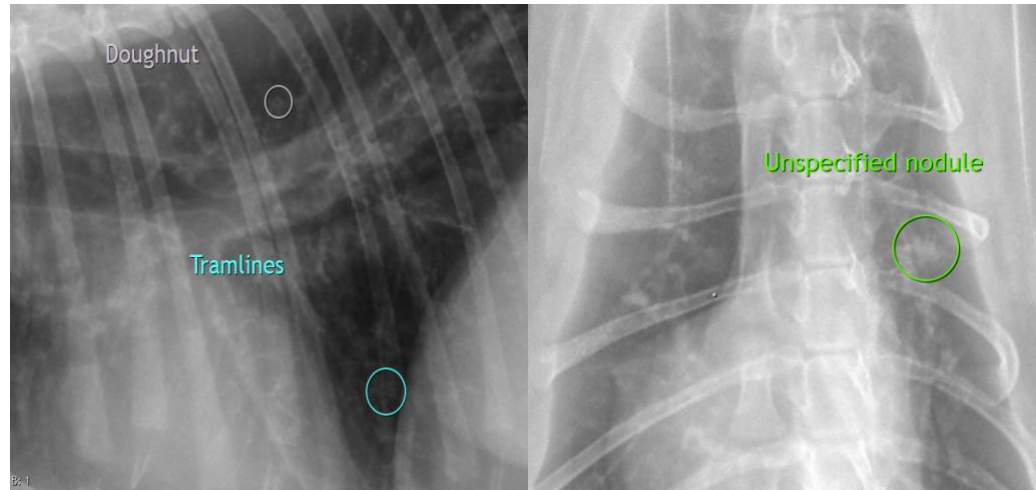
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
dr.h.rudorf@gmail.com