



PATIENT

Furball Chi

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

10 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

14326

DATE

03/13/26

PRESENTING CLINICAL SIGNS

Pt having difficulty passing stool. Straining to defecate.

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

R/L lateral and VD, totaling 4 radiographs provided for interpretation.

2026-03-13

RADIOGRAPHIC FINDINGS

The body condition score is 7-8/9 with little intra-thoracic and -abdominal fat.

The L1/2 disc space is narrow dorsally and ventral spondylosis is present.

Thorax

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

The lung lobes are slightly displaced from the thoracic boundaries by fat. On the VD pulmonary vessels are visible to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette is surrounded by pericardial fat. It occupies 65% of the chest height and approx. 2 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

Abdomen

A sublumber mass with a similar size to the right kidney is located ventral to L4-7. Its center appears radiolucent. A smaller mass appears to be located in the dorsal pelvic canal, narrowing the rectum.

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

The liver is located within the costal arch and the caudo-ventral lobe is pointed.

The visible spleen appears physiological.

The stomach contains a small amount of air. The intestinal tract is located in the ventral, especially in the cranio-ventral abdomen. The terminal colon has a physiological width and contains a soft tissue opacity. It ascends and finally tapers towards the pubic brim. On the VD the air filled part of the descending colon tapers level with L5 and stops.

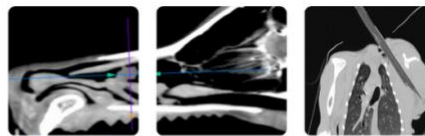
The right renal shadow is large and appears to have an undulating, caudo-dorsal outline. The left renal shadow is small. The bladder contains a small amount of fluid and is superimposed by the colon. A formed fecal bolus is located caudal to the anus.

RADIOGRAPHIC DIAGNOSIS

- Sublumber mass
- Possible intrapelvic mass
- Possible colonic mass
- Irregularly marginated right kidney
- Small left kidney

Incidental findings

- Spondylosis



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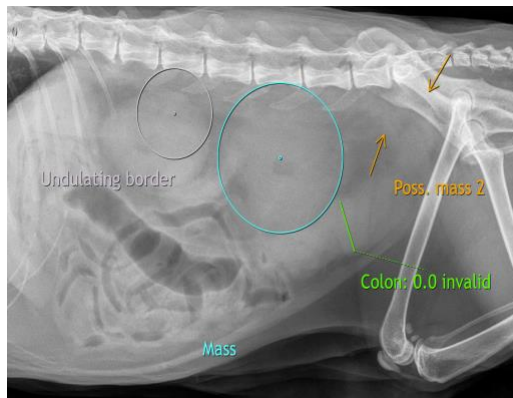
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- Disc space narrowing, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sublumber mass can represent an abscess, enlarged lymph nodes (e.g., metastases from a colonic mass) or an unrelated tumor such as hemangiosarcoma. The changes in the terminal colon are highly suggestive of a mass lesion. Further examinations are necessary. Rectum and colon can be examined with a Barium enema or with ultrasound. The latter would also allow assessment of the sublumber mass/masses and both kidneys. Obtaining guided samples of all abnormal structures. Is highly recommended.



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.

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