



**PATIENT PRESENTING CLINICAL SIGNS**

Tiger Jacob History: Chronic asthma patient- owners unable to give oral medication (liquid or pill) so on prednisolone transdermal 5mg/click 1 click as needed; patient present for weight loss (lost 2.6 lbs in last few months) + open mouth breathing

**SPECIES**

Feline Abnormal PE/Chem/CBC/UA Results: On physical exam patient has BCS 3/9, weight loss 2.6 lbs in few months, unthrifty appearance, wheezing present on exam CBC/chem17/lytes/T4: elevated WBCs 20.02k, neu 12.17k, mono 5.7k, glob 5.7g/dl, stress hyperglycemia 214 and low k 3.4mmol/l Chest x-rays: severe bronchointerstitial pattern diffusely with enlarged/widened mediastinal silhouette Rule out severe asthma +/- thoracic neoplasia

**BREED**

DSH

**RADIOGRAPHIC STUDY OF THE THORAX**

**SEX**

The body condition score is 5/9.

Neutered Male

The ribs are straight and run parallel to each other. Mild ventral spondylosis is present.

**AGE**

11 Years

The diaphragm is steep, and one lung lobe extends to L1, the other one to rib 12. Both are rounded and one shows an increased opacity with air filled tubular and tortuous structures. The bronchial tree shows thick walls (tramlines and some doughnuts) and bronchiectasis is present.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T7/8.

**INTERPRETED BY**

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

The cardiac silhouette is caudally displaced by overinflated lung lobes and the gap between caudal heart border and cupola of the diaphragm is decreased. No chamber or outflow tract enlargement is obvious.

**RADIOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

Harmony AH

- Overexpansion of lungs
- Bronchiectasis
- Localized alveolar pattern
- Rounded lobar edges
- Dyspnea

**REFERRING VET**

Dr. Luce

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

14501

The changes are compatible with severe feline asthma and increased pulmonary resistance. The pulmonary infiltrate could be due to pneumonia or fluid. Uneven expansion of the caudal lobes could be due to inherent pulmonary inability to expand (e.g., fibrosis) or due to chronic pleural inflammation. A DV view is recommended to assess the pulmonary opacities in both lung fields. A CT examination will show the location of the infiltrate better. However, if no medication can be administered by the owner, and the current s.c. treatment is no longer working, the severity of the clinical signs should guide the outcome.

**DATE**

3/25/22



**PATIENT**

Tiger Jacob

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years



**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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