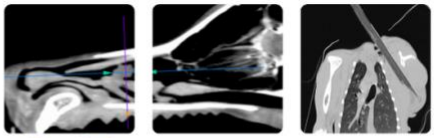

PATIENT

Euphy D'Eon

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

9 Years 7 Months

WEIGHT

8.74 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. DePaulo

HOSPITAL NAME

Norwich Veterinary Services

REFERRING VET

Dr. DePaulo

INVOICE

14718

DATE

03/27/26

PRESENTING CLINICAL SIGNS

Increased frequency and severity of breathing difficulty for 4 days, coughing, wheezing, and panting. Nothing produced from mouth or nose during episodes. 5-7 times per day. occurred sporadically past 6 years. Allergic skin disease, treated with prednisone on a couple of occasions. A month ago, cold not fully resolve, breathing episodes more frequent since. Constipated this week, extremely dry, hard pebbles. Not on any current medications. Indoor with two other cats. Vaccinations 2 years ago. Heart sounds were difficult to auscultate clearly due to loud respiratory sounds. No obvious murmur or arrhythmia was detected. Pulses are strong and synchronous. Significant respiratory resistance is present, with an audible wheeze on inspiration. Increased bronchovesicular sounds are heard bilaterally. No crackles were auscultated. Despite increased respiratory noise, no dyspnea or tachypnea in clinic. No open mouth breathing seen. Since on pred cough less frequent but louder, breathing "rattly" and "wet." coughed up clear, slimy fluid.

Radiographs -a very mild bronchial pattern consistent with asthma, but also a distinct soft tissue lesion at the carina. explained origin is unclear on x-ray and could be an esophageal abnormality or enlarged lymph nodes, raising concern for lymphoma.

Abnormal PE/Chem/CBC/UA Results: • Exacerbation of inflammatory airway disease – DDx: Feline asthma, chronic bronchitis, heart disease. The clinical signs, breed predisposition, and history are highly suggestive of feline asthma. The increased frequency of episodes may be related to a recent upper respiratory illness or seasonal allergens. Heart disease is a less likely differential but cannot be ruled out given her age and breed, and without further diagnostics. Prednisolone 5 mg tablets: 1/2 tab PO BID 7 days, 1/2 tab SID 14 days, 1/2 tab EOD 14 days. monitor Euphy's response to the steroid therapy. If her breathing does not improve, chest x-rays will be strongly recommended to investigate for other underlying causes, such as heart disease.

RADIOGRAPHIC STUDY OF THE THORAX

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

26.03.2026

RADIOGRAPHIC FINDINGS

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

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. Terminal trachea and carina show a reduction of the air space due to a dorsal soft tissue opacity (STO) of approx. 2.5cm length and a height of approx. 0.6cm, which is best outlined in left lateral recumbency (LLR). In LLR the opacity tapers down cranially to a smoothly edged wedge, which follows the esophageal air shadow; its tip is located at the cranial edge of rib 3. On the VD view the trachea is superimposed onto the spinal column.

Pulmonary expansion is bilateral symmetrical. The outline of the pulmonary vasculature is smudged and in the right caudal lobe some bronchi are highlighted

The cardiac silhouette is cranially tilted. It occupies 75% of the chest height and 2 intercostal spaces. On the VD both atria are prominent resulting in a valentinoid heart shape.

RADIOGRAPHIC DIAGNOSIS

- Soft tissue opacity in the region of the terminal trachea
- Interstitial pattern

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- Possible HCM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

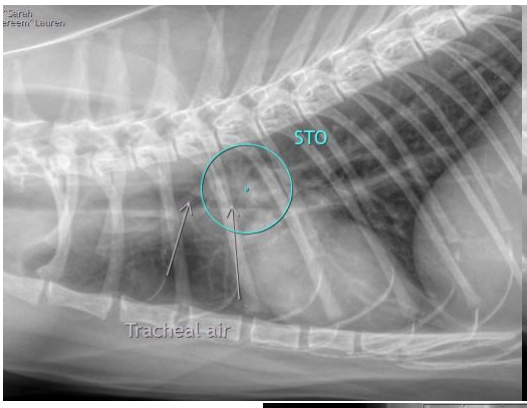
An interstitial lung pattern is a non-specific finding and accentuated by the surrounding fat. Possible differential diagnoses for a true infiltrate include:

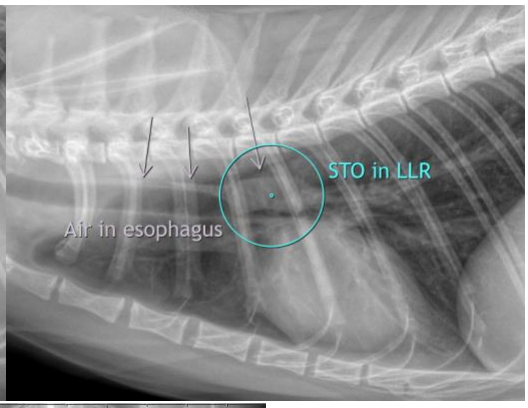
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy)
- Edema
- Infection (bacterial, fungal parasitic e.g., angiostrongylus

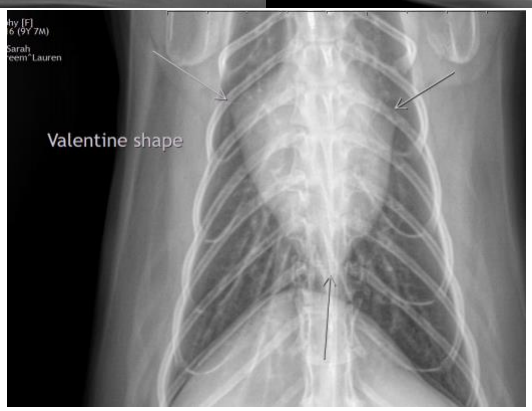
Less likely

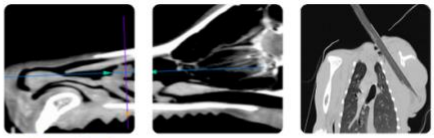
- Diffuse hemorrhage
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

Fecal samples should be obtained to rule out parasites. Ideally bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. However, I feel the apparent mass requires further investigation first. Location and shape of the cranial edges suggest it to arise in the mediastinum and is possibly associated with the esophagus. Differential diagnoses are then inflammation, granuloma and tumor. Further tests include Barium esophagogram, esophagoscopy and or CT. CT is recommended because localization in the MPR is much easier.
Echocardiography is recommended to rule out HCM and thus cardiogenic edema.









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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