



PATIENT

Snowy Horath

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

13 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mucera

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

14688

DATE

03/27/26

PRESENTING CLINICAL SIGNS

Pt has very labored breathing. Not eating

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

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

2026-03-27

RADIOGRAPHIC FINDINGS

The body condition score is 7/9.

The ribs are straight and run parallel to one another.

Thorax

The cranial thorax is occupied by a soft tissue opacity. The trachea is elevated and dips at the carina, which is caudally displaced to T7. All aerated lobes are markedly displaced away from the rib cage and small airbronchograms are visible ventrally in the hilar region.

The cardiac silhouette is obscured by the soft tissue opacity in the thorax. The carina is located in the dorsal ¼ of the thorax.

Abdomen

The abdominal organs are surrounded by fat.

The liver extends just beyond the costal arch and the caudo-ventral lobe is pointed.

The spleen is not identified.

The stomach contains a small amount of air. The small intestinal loops are located in the central abdomen. Colon and rectum contain formed fecal matter.

Both renal shadows have a length of approx. 2xL2. The bladder is moderately full and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Cranial mediastinal mass
- Pleural fluid, bilateral
- Pulmonary consolidation cranial lobes
- Dyspnea

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are compatible with a cranial mediastinal mass. Differential diagnoses include Tumor (e.g. thymus, lymph nodes), abscess, granuloma, cyst. The mass is the likely cause for the bilateral pleural fluid and can explain the pulmonary opacity due to atelectasis. Ultrasound will help investigate the cranial mediastinum and drainage of the fluid is strongly recommended. Samples should be submitted for cytology and analysis depending on the type of fluid.



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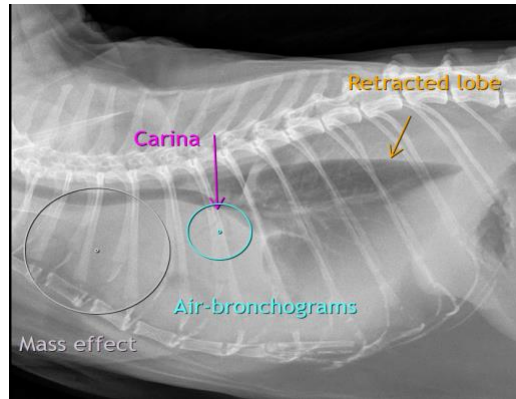
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com