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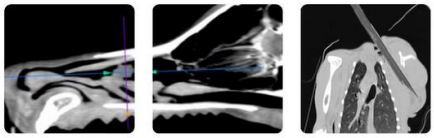

Teleradiology
Educational Teleconsultation Services™

PATIENT

Margeaux LeRoux Irwin

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12Y, 8M

WEIGHT

8.86lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Layna Irwin, DVM

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Layna Irwin, DVM

INVOICE

74084

DATE

3-6-26

PRESENTING CLINICAL SIGNS

Hx of stable azotemia with variable USG, small kidneys palpated.
Hx of pancreatitis with occasional flare-ups and acute vomiting episodes.
Intermittent heart murmur (grade 1 to 2/6) with a normal cardiopet (11/2025)
Enlarged thyroid gland with euthyroid T4 levels.
Hx of dental disease with multiple extractions
Recently submitted an abdominal ultrasound:
Mild age related changes with minor mineralization.
Reactive mesenteric lymph nodes.
Comet tail lung pattern noted through the diaphragm.
Abnormal PE/Chem/CBC/UA Results: PE: stable weight, equivocal HM/hypermetric heartbeat, enlarged thyroid. Normal RRR at home (22 brpm) Chem/CBC: pending T4/cardiopet/fPL: pending UA: USG 1.037 (Hx 1.028-1.034), possible cocci, no pyuria or hematuria UMIC: pending BP: normotensive

RADIOGRAPHS OF THORAX AND ABDOMEN

R/L lateral and VD, totaling 3 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

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

The bony structures are within normal limits.

Thorax

The degree of pulmonary expansion is good. On the VD view the tip of the right caudal lung lobe is rounded and slightly displaced from the rib cage; on the lateral views the expansion appears physiological. The outline of the tertiary branches is blurred.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T6.

The cardiac silhouette is surrounded by fat and tilted cranially. It occupies 65% of the chest height and 2 intercostal spaces. On the VD view both atrial regions appear prominent, resulting in a valentinoid cardiac shape.

Abdomen

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 splenic shadow along the colon is slightly blurred.

The stomach is in a physiological position. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain formed fecal matter.

One renal shadow is small on both lateral views; on the VD they are both obscured by intestinal loops. The bladder is full and the bladder neck is located well cranial to the pubic brim.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Cardiac enlargement (poss. HCM)
- Interstitial pattern

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- One small kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cranial tilting of the heart is commonly seen in older cats and, in association with a larger amount of pericardial fat, makes radiographic assessment for HCM difficult. However, since a heart murmur is mentioned in the history, I suggest echocardiography as hypertrophy can affect all or only certain areas of the cardiac muscle.

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

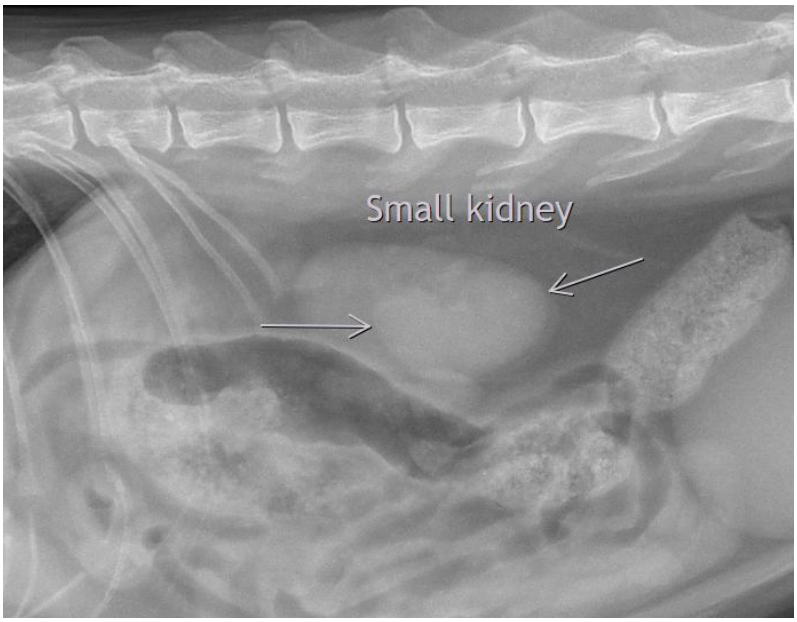
- Edema
- Infection (bacterial, fungal parasitic e.g., aelurostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)

Less likely

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

Fecal samples can be obtained to rule out parasites. Should a persistent cough develop, bronchoscopy with broncho-alveolar lavage may become necessary to obtain samples for bacteriological and cytological examination.

The mild displacement of the caudal lobar tip is likely due to fat but can be monitored radiographically. The comet tail artifact is a finding seen when small calcific / crystalline / highly reflective objects are examined and is believed to be a special form of reverberation artifact. It is possible that small, pulmonary osteomata are present on the pleural surface which are currently not large enough to be detected radiographically.



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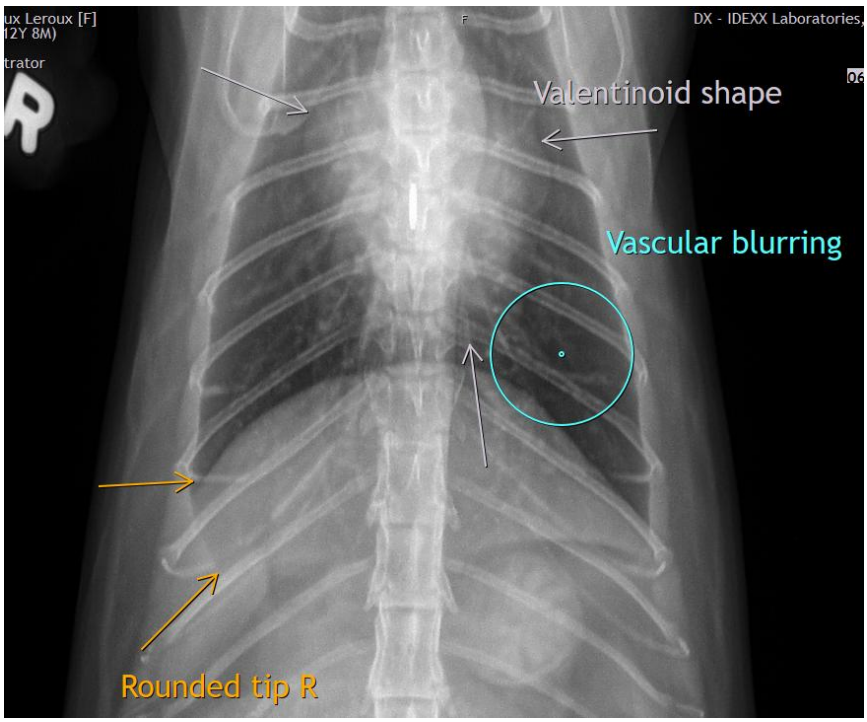

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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