



PATIENT PRESENTING CLINICAL SIGNS

Trouble Torek
SPECIES History: Trouble was seen by a colleague Jan 2021 and recent weight loss was reported by the O. Pt was noted to be significantly underweight with some generalized atrophy of muscle. Feline Plus panel was unremarkable and survey radiographs were recommended, as was a follow-up weight check. Neither were done. Pt was 6.16# at that time and is now 5.44#. She has a history of frequent vomiting but is otherwise well.

Feline
BREED Abnormal PE/Chem/CBC/UA Results: Recent labs (feline plus 3/1/23) showed iris stage 2 renal disease, nonproteinuric, possibly hypertensive (stressed), that was not present in 2021 and hypercalcemia (11.4 mg/dL). Thyroid testing was normal.

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

DLH
SEX The body condition score is 4/9 with metal wires in the ventral abdominal wall.

SEX An acute ventral deviation of the terminal sternum is present.

Spayed Female
AGE **Thorax**
 The caudal lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible. The bronchial wall are prominent with an occasional doughnut.

13 Years
 The trachea runs parallel to the thoracic vertebrae and dips at the carina. In the region of the gastro-esophageal junction a soft tissue opacity is present in right lateral recumbency which is larger and contains air in left lateral recumbency. This is not evident on the VD view.

INTERPRETED BY The cardiac silhouette occupies approx. 75% of the chest height and 2 intercostal spaces. No chamber enlargement is evident.

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 Dr. med. Vet.,
 DipECVDDI DVR

Abdomen
 The abdominal detail is in line with the low body condition score; diaphragm and abdominal wall are intact.

HOSPITAL NAME The liver is located well within the costal arch and the caudo-ventral lobe is pointed.
Northshore VH The splenic tail is visible on the lateral views.

REFERRING VET The stomach contains a moderate amount of air; distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of fecal matter.

Dr. Brita Kiffney
 Both renal shadows have a physiological size and opacity; the renal pelvis of one shows a small calcification. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

INVOICE 21577 The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Gastro-esophageal hernia, sliding

DATE 3/9/23



PATIENT

Trouble Torek

- Mild splenomegaly
- Broncho-interstitial pattern
- Smallish liver

Incidental findings

SPECIES

Feline

- Congenital sternal anomaly
- Calcification of renal pelvis, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DLH

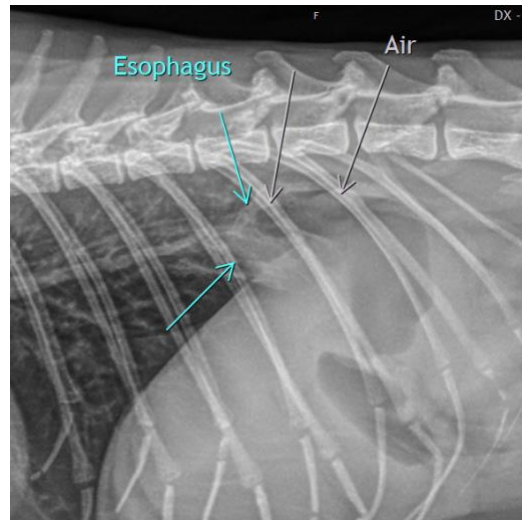
SEX

Spayed Female

The sliding hiatal hernia could be the reason for frequent vomiting and may have caused an esophagitis. Additional changes such as tumor or ulcerations could be present, thus esophagoscopy is recommended. In cats the tail of the spleen is normally not seen in the ventral abdomen. Even though the renal size appears to be normal, the shape of the kidneys is altered on the lateral views. A small liver without elevation of liver enzymes is probably still normal. Thus, abdominal ultrasound is recommended to rule out infiltrate with, e.g., lymphoma or mast cell tumor. The pulmonary changes are probably age related but broncho-alveolar lavage is needed to rule out eosinophilic infiltrate.

AGE

13 Years



INTERPRETED BY

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HOSPITAL NAME

Northshore VH

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.

REFERRING VET

Dr. Brita Kiffney

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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dr.h.rudorf@gmail.com

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Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years

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