



## PATIENT

Parker Bustamante  
Clemente

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

6 Months

## WEIGHT

7.3 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jennifer & Jessica

## HOSPITAL NAME

Northvale VC

## REFERRING VET

Dr. Stefanie Simon

## INVOICE

36798

## DATE

4/24/26

## PRESENTING CLINICAL SIGNS

History: Intermittent OMB and panting.

## RADIOGRAPHIC STUDY OF THE THORAX

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

The bony structures appear physiological. The costal cartilages begin to calcify suggesting the animal to be between 4-6 months old. Growth plate closure is compatible with the given age.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5/6.

The lung lobes extend to the thoracic boundaries. The outline of the pulmonary vessels is blurred on two views. On one lateral view a peripheral bronchus appears to be highlighted just dorsal to sternebra 4.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding and can be accentuated by technique, expansion of the lung field and obesity. Possible differential diagnoses for a true infiltrate include:

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

Less likely

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

Fecal samples should be obtained to rule out parasites. Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. Echocardiography will rule out HCM.



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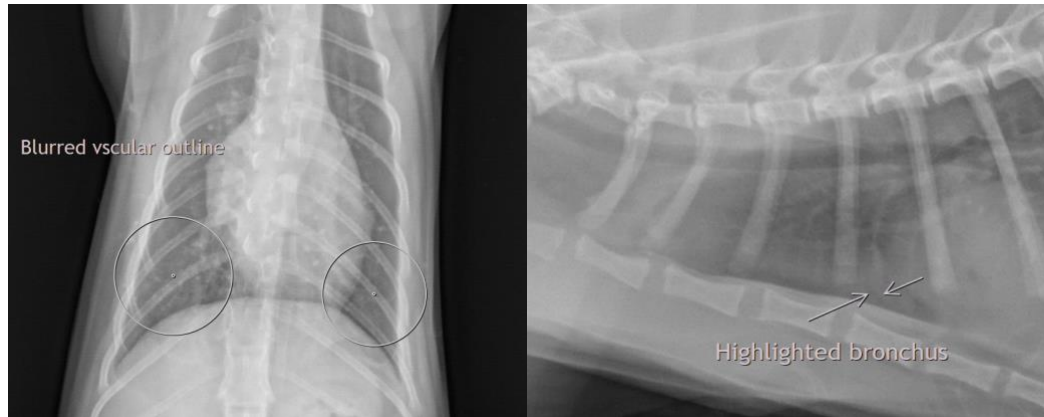
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**  
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