



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Quincy Stroh
SPECIES Feline
BREED DSH
SEX Male
AGE 12 Years 8 Months

History: First radiographs submitted to Sonopath on April 17th, 2023 (invoice: 57824) with hx: Symptoms started in April. Pet is eating and drinking less than normal. Pet is coughing as if he is trying to cough up a hairball. After pet is coughing, pet is vomiting clear liquidy bile and food. Pet was then given 1.0mL Lasix 50mg i/v, and owner administered Furosemide 10mg/mL suspension 1.0mL BID-TID until recheck today. Follow up radiographs performed today April 18th, 2023. Owner explained today that pet is no longer coughing.

Abnormal PE/Chem/CBC/UA Results: UA = WNL PE = WNL SDMA = mild inc 17.3 UG/dL WBC = high 19.5 (range 3.5-16.0) Neutrophils = high 16380 (range 2500-8500)

RADIOGRAPHIC STUDY OF THE THORAX

The amount of pleural fluid has dramatically increased.

The body condition score is 6/9 with a moderate amount of abdominal fat.

The ribs are straight. A ventral kink is present between last sternebra and xiphisternum. Ventral spondylosis extends between the end plates of T12 and T13.

Ventral and caudo-dorsal lung lobes are displaced from the thoracic boundary by a soft tissue opacity. The ventral edge of the cranial lobes is straight and the edges of the other lobes are rounded. On the VD view the entire left thorax shows a soft tissue opacity in which the heart is located. The aerated right lung is overexpanded and the right crus of the diaphragm on the VD is steep; the accessory lobe is not evident.

A reverse fissure is located between right middle and caudal lobes. The cardiac silhouette is obscured by the thoracic opacity but the position of the carina suggests a physiological height. The carina is caudally displaced to T7/8.

RADIOGRAPHIC DIAGNOSIS

- Fluid in left hemithorax
- Mediastinal fluid, right
- Caudal displacement of carina (similar to previous examination)

Incidental findings

- Congenital sternal variation
- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A unilateral pleural effusion is usually due to a pyo- or chylothorax. However, a mass (e.g. mesothelioma, lymphoma, thymic lymphoma) can also cause effusion and the position of the carina could be secondary to cranial mediastinal mass; though non was evident on the previous examination. The previous study had already suggested a mass in the region of the accessory lobe which is, unfortunately, now obscured by fluid. Examination of a sample of the fluid is necessary for diagnosis as well as appropriate treatment plan and has probably already been carried out. Ultrasonographic assessment of mediastinum and heart is advised if it has not already been done. It

INVOICE

22226

DATE

4/28/23

INTERPRETED BY

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

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REFERRING VET

Doctor Reddy



PATIENT

Quincy Stroh

is possible that the owner's perception of an improvement is due to the overexpansion of the right lung and the cat moving around less. In case surgical removal of a mass is considered, a CT examination is strongly advised.

TECHNICAL COMMENTS

SPECIES

Feline

Two human hands in primary beam on VD. Non-DICOM images were submitted. The transformation from DICOM to other formats reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports I suggest submitting DICOM images in the future.

BREED

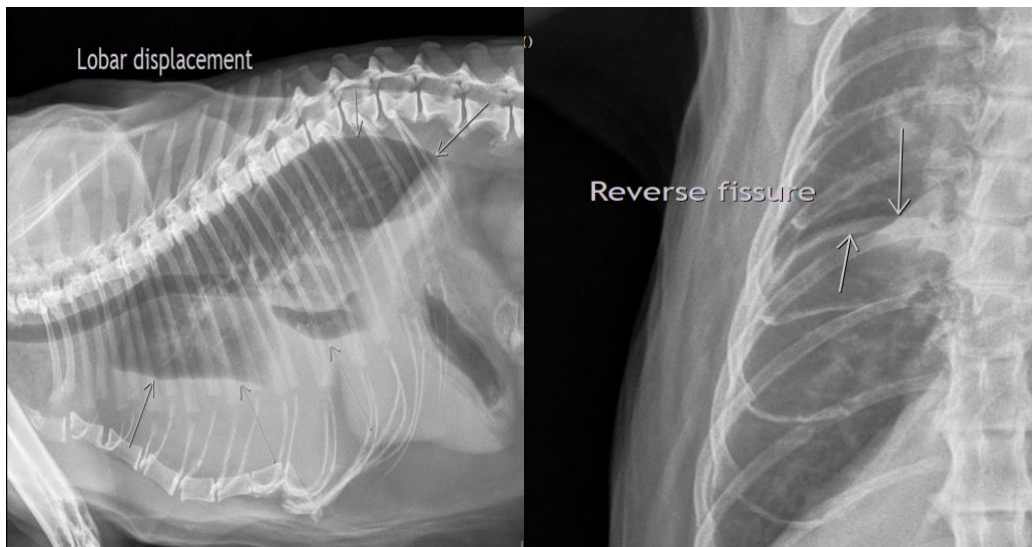
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Denville AH

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., DipECVDDI, DVR
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