



PATIENT

Pete Vock

SPECIES

Feline

BREED

DSH

SEX

Neutered

AGE

14Y

WEIGHT

10.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin McClung

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

74832

DATE

4-30-26

PRESENTING CLINICAL SIGNS

Not eating or drinking, lethargic, anting to vomit but unable to

Abnormal PE/Chem/CBC/UA Results: PE: Mucus Membranes: Pale, Behavior/Mentation: Quiet Hydration: Slightly tacky, Respiratory System: Harsh lung sounds noted on auscultation. Radiographs revealed increased density and interstitial pattern in the lung fields, with no evidence of significant fluid accumulation, Coat/Skin: Firm mass measuring 1 cm x 1.5 cm palpated in the left prescapular area.

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 4-5/9. The skin outlines the dorsal spinous processes.

LS spondylosis is present. The ribs are straight and parallel each other.

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

The diaphragmatic angle is steep. A large gap is present between caudal heart border and dome of the diaphragm. The diaphragmatic crura are located level with caudal L1. In left lateral recumbency, the cranio-ventral lobes show a dorsal, crescent shaped, soft tissue line; an hourglass shaped, soft tissue opacity is located between the left cranial lobar edge and a gas filled lucency on the VD view. In right lateral recumbency, an airbronchogram is visible over the cardiac silhouette and a pleural line separates cranio-ventral and caudo-ventral lobes.

The cardiac silhouette is located in the left hemithorax, and its left outline is indistinct. occupies 75% of the chest height and 2.5 intercostal spaces (VHS=). Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Pulmonary overexpansion
- Pulmonary infiltrate: reticular interstitial & peribronchial
- Pulmonary atelectasis left
- Left mediastinal shift
- Dyspnea

Incidental finding:

- LS spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mixed pulmonary infiltrate in combination with the pulmonary overexpansion makes eosinophilic infiltrate in combination with feline asthma likely. Differential diagnoses are pulmonary lymphoma and infection. The left mediastinal shift may be secondary to right sided pulmonary overexpansion or could be due to actual reduction of the left cranial lobe due to chronic disease. Bronchoalveolar lavage is recommended. Samples should be submitted for cytology and bacteriology.



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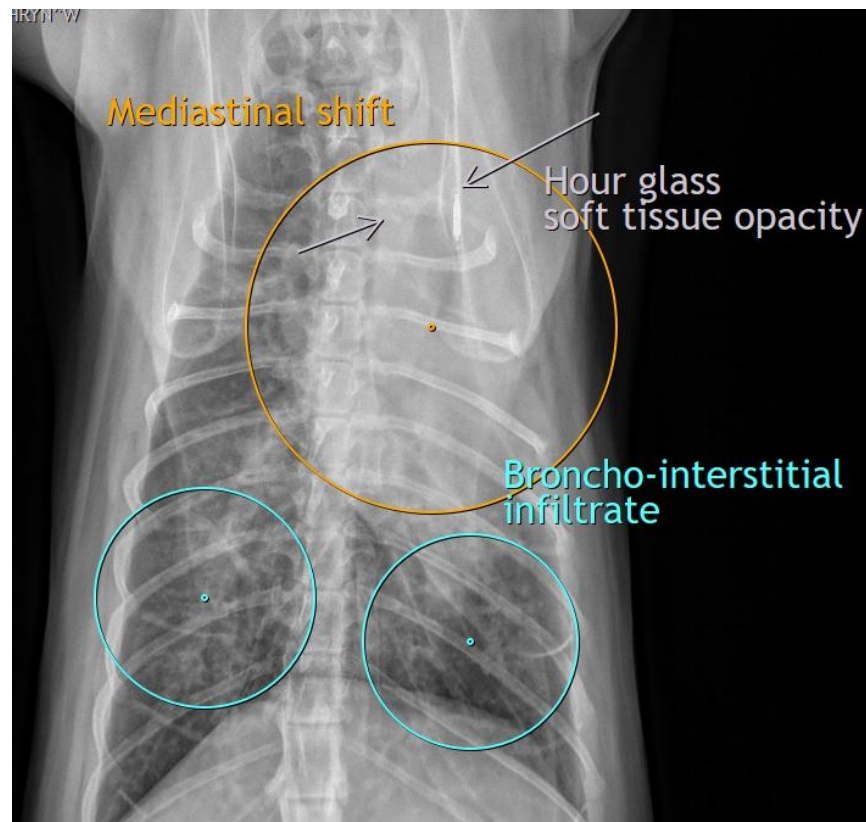
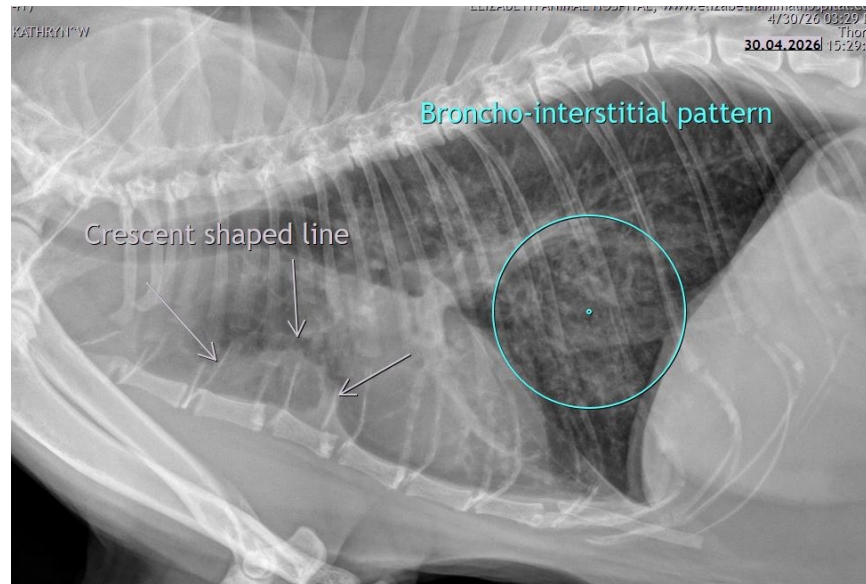
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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