



**PATIENT PRESENTING CLINICAL SIGNS**

**Cleo Aronow** History: Chronic uri symptoms. Sneezes and wheezes. Improved after abx in December but started again ~ 1 mo ago.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Brief pe as p only presented for rads- no murmur ausculted, no pain on palpation of abd

**Feline RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

**BREED** The body condition score is 9/9 with a large amount of subcutaneous fat.

**DSH** S 1 has transverse processes which are fused to the ileal wings. The left rib of T13 is developed rudimentary.

**Thorax**

**SEX** Spayed Female The degree of pulmonary expansion is fair. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

**AGE** The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

5 The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. No obvious chamber or outflow tract enlargement is evident.

**INTERPRETED BY Abdomen**

**Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR** The abdominal detail is good; diaphragm and abdominal wall are intact.

The liver is located well within the costal arch and the caudo-ventral lobe is superimposed onto the gastric content.

**HOSPITAL NAME** The head of the spleen appears physiological.

**The Pet Hospital of Stratford** The stomach contains a moderate amount of food and its axis is cranially rotated. All small intestinal loops are located in the caudal abdomen; colon and rectum contain a moderate amount of fecal matter. Both renal shadows have a physiological size and opacity; the surfaces appear slightly undulant. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

**REFERRING VET** The sublumbar region appears physiological.

**Claudia Giuliani, DVM**

**RADIOGRAPHIC DIAGNOSIS**

- Mild renal surface alteration
- Microhepatica

21924 Incidental findings

- Congenital vertebral anomalies

**DATE**

4/7/23



**PATIENT**

- Obesity

Cleo Aronow

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

The clinical findings are suggestive of chronic lower airway disease. Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is necessary to rule out infection and inflammation. Alternatively, a clinical trial of treatment for eosinophilic bronchopneumopathy and infectious bronchitis is possible. Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended. In case the respiratory compromise is upper airway related, a nasopharyngeal polyp should be rule out.

**BREED**

DSH

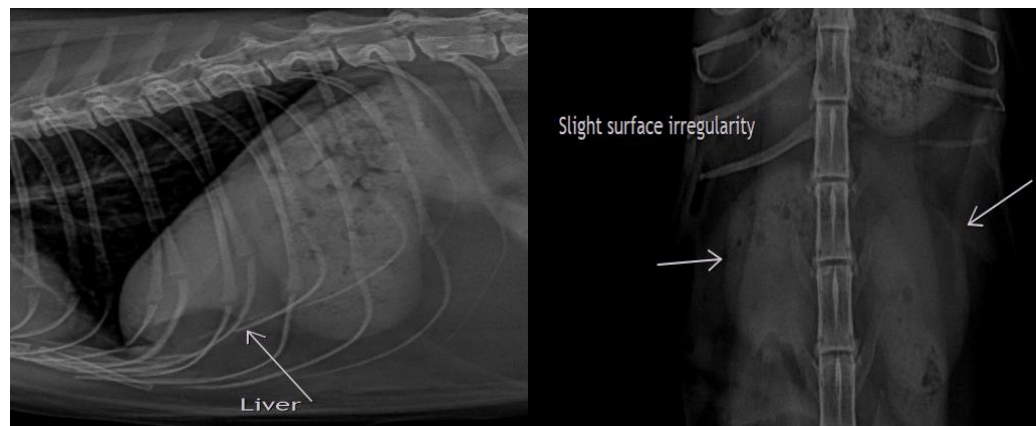
I can see no signs of urinary calculi but urinalysis is necessary to find microdeposits. The liver shadow may appear small due to the large amount of fat caudal to the stomach or due to hepatic disease such as fibrosis or portosystemic shunt. Ultrasound of, at least, urinary tract and liver and a full biochemical evaluation is recommended in case the latter has not been performed yet.

**SEX**

Spayed Female

**AGE**

5



**INTERPRETED BY**

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

**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**

The Pet Hospital of  
Stratford

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  
dr.h.rudorf@gmail.com

**REFERRING VET**

Claudia Giuliani, DVM

**INVOICE**

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**PATIENT**

Cleo Aronow

**SPECIES**

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**BREED**

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