



PATIENT

Barney Barback

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Male

AGE

6 Years

WEIGHT

11.56

INTERPRETED BY

Heike Rudorf, DVM, Dr.
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DVR

IMAGING PERFORMED BY

ERG

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

37231

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: 6 day hx of complete loss of voice - NOTE: So Cal wildfires started at about this time; 3 day hx of coughing/hard swallow as well as occ sneeze and occ regurgitation of undigested food; Upper Resp PCR swabs are pending.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

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. In right lateral recumbency air is evident in the cranial thoracic esophagus as well as directly caudal to the larynx.

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The entire GIT is moderately distended with gas.

RADIOGRAPHIC DIAGNOSIS

- Aerophagia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that would explain the clinical signs. Aerophagia can be the result of upper airway obstruction. Laryngeal inflammation, edema, paralysis, cyst, abscess and tumor have to be considered. Echolaryngography can help with the diagnosis. Alternatively, laryngography under G.A. can be performed. In case of mass lesions, samples should be obtained for cytology and bacteriology.



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.

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