



PATIENT

Frida Ramon

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

10.7 Pounds

INTERPRETED BY

Heike Rudorf, DVM, Dr.
med. Vet., DipECVDF
DVR

IMAGING PERFORMED BY

Alfredo

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Suicu

INVOICE

37233

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Seen 2 days ago at a different clinic for lethargy and hyporexia. Tachypnea was noticed, no x-rays were taken. B-lines were seen on POCUS.

Frida presented today for second opinion. Respiratory rate is increased, no crackles auscultated, no murmur. Heart rate is increased (190), normal sinus rhythm. Thoracic POCUS revealed multiple B-lines. The LA:Ao ratio is less than 1.6. Bloodwork is pending.

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

The body condition score is 8/9 with smooth, alternating layers of fat and soft tissue opacity and wet fur.

The bony structures appear physiological.

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located level with T5/6. A semicircular, soft tissue opacity is located dorsal to the intersternbral space 3.

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

The lung lobes extend to the thoracic boundaries. The vascular outline is blurred in all lobes and accompanied by bronchial enhancement, best seen in the cranio-ventral lobes in right lateral recumbency.

Abdomen

The abdominal organs are surrounded by fat; diaphragm and abdominal wall are intact.

The liver is located within the costal arch and the caudo-ventral lobe is pointed.

The head of the spleen appears physiological.

The stomach is moderately distended with food. The small intestinal loops are located in the central abdomen and appear of physiological size. Colon and rectum contain a moderate amount of fecal matter.

The left renal shadow is small. The bladder contains a small amount of urine.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Interstitial infiltrate
- Sternal lymphadenomegaly
- Small left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Possible differential diagnoses for an interstitial infiltrate include:

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



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- Edema
- Diffuse hemorrhage
- Early idiopathic fibrosis

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In association with lymphadenomegaly, infection or tumor are on top of the list of differential diagnoses. Fecal samples should be obtained to rule out parasites. Bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination.

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Patients with chronic scarring of their septa from pulmonary fibrosis, old infections, or interstitial lung disease have chronically widened/thickened septa that create B-lines even without a “wet lung” etiology.

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A small left kidney suggests renal failure which may be compensated by the other side.

AGE

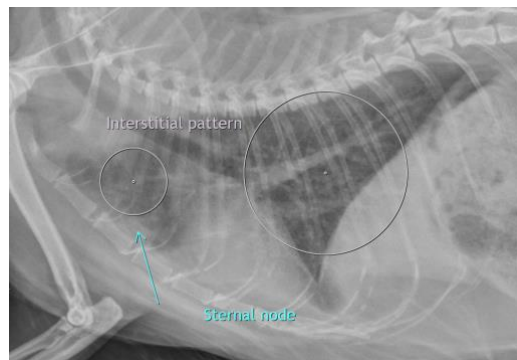
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Alfredo

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com

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