



## PATIENT

Nugget Maurat

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

2 Years

## WEIGHT

9 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mucera

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Mucera

## INVOICE

37235

## DATE

5/29/26

## PRESENTING CLINICAL SIGNS

History: Pt has been coughing consistently for 2 weeks. Improved on steroids and antibiotics, but symptoms returned.

## RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

The body condition score is 7/9 with smooth, alternating layers of fat and soft tissue opacity.

New bone is present on the dorsal aspect of cranial sternebra 2.

### 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.

The cardiac silhouette is tilted cranially resulting in increased sternal contact and a prominent ascending aorta/aortic arch. Chamber or outflow tract enlargement is not obvious.

The lung lobes extend to the thoracic boundaries. Especially in the left caudal lobe the outline of the pulmonary vessels is slightly blurred and bronchi are highlighted.

### 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 and air. Distribution and size of the small intestinal loops appear physiological. The colon gas and a small amount of formed fecal matter.

Both renal shadows have a physiological size, shape and opacity. The bladder is moderately full and the bladder neck is located well cranial to the pubic brim.

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

- Cranial tilting of cardiac silhouette
- Interstitial pattern caudal lobes
- Sternal new bone (incidental finding)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A physiological cranial tilting of the cardiac silhouette occurs in older cats; in younger cats it can be associated with a narrow chest. Here I can see no cause for it and, due to the given age, recommend echocardiography. The interstitial component may be due to left lateral recumbency prior to the VD. Generally, an interstitial lung pattern is a non-specific finding. Possible differential diagnoses for a true infiltrate include:

- Edema
- Infection (bacterial, fungal, viral, parasitic e.g. aelurostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)
- Diffuse hemorrhage
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)



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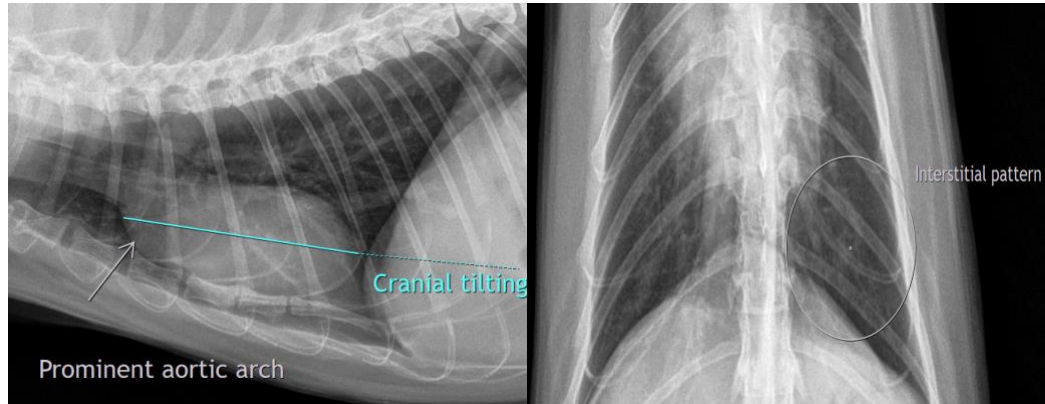
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Fecal samples should be obtained to rule out parasites. Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination.



**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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR**  
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