



PATIENT

Anastasia Lee

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16Y

WEIGHT

7.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach Pet
Hospital

REFERRING VET

Dr. Singh

INVOICE

74872

DATE

5-4-26

PRESENTING CLINICAL SIGNS

diabetes, PUPD,

wheezing

vocalizing

Abnormal PE/Chem/CBC/UA Results: CBC shows hemoconcentration Chemistry results shows marked hyperglycemia, elevated globulins, isosthenuria, glucosuria, normal fructosamine, nodular growth on the ventral abdomen

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 8/9 with an electronic implant dorsal and on the left.

The ribs are straight and evenly spaced. Ribs 9-12 on the left are fractured with mild displacement. Spondylosis and elbow arthrosis are present.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The cardiac silhouette is surrounded and raised from the sternum by pericardial fat. On the lateral view it occupies 80% of the chest height and 3 intercostal spaces. The caudal heart border appears straight. On the VD view the region of both atria appear prominent.

The degree of dorsal pulmonary expansion is reasonable. The lung lobes are slightly displaced from the thoracic boundaries by fat. The vascular outline is blurred. On the lateral views the ventral thorax appears of an increased opacity

RADIOGRAPHIC DIAGNOSIS

- Rib fractures on left
- Dyspnea
- Interstitial pattern caudal lobes
- Cardiomegaly

Incidental finding:

- Obesity
- Elbow arthrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rib fractures in association with beginning of pulmonary overexpansion despite obesity can be due to feline asthma. Trauma is a differential diagnosis for the rib fractures.

An interstitial lung pattern is a non-specific finding and accentuated by the obesity. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal, viral, parasitic e.g., aelurostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy)
- Edema (e.g., due to HCM)



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Less likely:

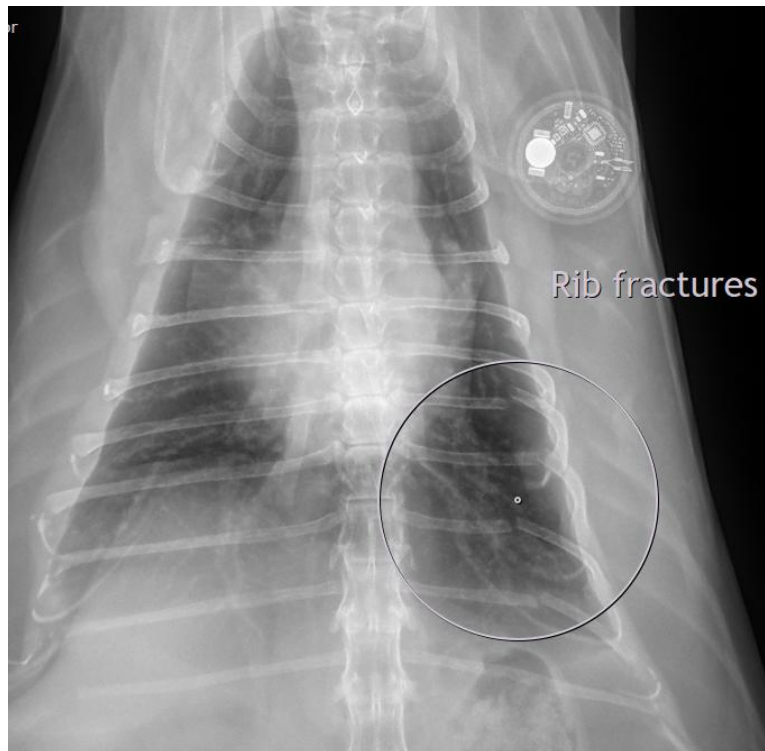
- Diffuse hemorrhage
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

Echocardiography is recommended to rule out HCM. Fecal samples should be obtained to rule out parasites. This may have to be followed by broncho-alveolar lavage; samples should then be submitted for bacteriological and cytological examination.

Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.

TECHNICAL COMMENTS

The side marker on the straight VD view is incorrectly placed. The position of the spleen and gastric contents is used in the text as an indicator for the left side.



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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