



PATIENT

Ronin Springfield

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years 7 Months

WEIGHT

19.78

INTERPRETED BY

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

IMAGING PERFORMED BY

Agnes Rupley DVM

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Agnes Rupley DVM

INVOICE

15986

DATE

05/07/26

PRESENTING CLINICAL SIGNS

Presented for chronic on and off diarrhea. GLOBAL revealed echogenic foci in the lungs (hence thoracic rads were obtained). Normal pulmonary and cardiac sounds ausculted bilaterally.

PLI is normal at 1.6. Chem24 revealed elevated glucose (mild) at 184, GGT 10, and significantly elevated triglycerides at 440. Electrolyte 14 revealed no significant abnormality. CBC revealed no significant abnormality. Urinalysis results reveal pH 6.0, sp gr 1.026. Fecal gram stain revealed no significant abnormality. Fecal direct revealed no protozoa. SAA is normal at <5.00.

GI panel and Feline Diarrhea PCR panel results pending. Probiotic continued. Single ingredient diet begun (owner unwilling to feed hydrolyzed protein diet consistently).

RADIOGRAPHIC STUDY OF THE THORAX

R/L lateral and VD are provided, totaling 11 radiographs for interpretation.

07.05.2026

RADIOGRAPHIC FINDINGS

The body condition score is 9/9 with smooth, alternating layers of fat and soft tissue opacity. Linear opacities are present on all views.

The bony structures appear physiological.

Considering the obesity, size and opacity of the cranial mediastinum are physiological. The trachea diverges from the thoracic vertebrae and the carina is located level with T5. The cardiac silhouette is raised from the sternum by fat. It occupies approx. 75% of the chest height and 2 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

The degree of pulmonary expansion is fair at best. The outline of the pulmonary vessels is blurred. On some VD images a mediastinal shift to the left is evident.

RADIOGRAPHIC DIAGNOSIS

- Reduced pulmonary expansion
- Reticular interstitial pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Poor lung expansion can be due to obesity, abdominal masses or fibrosis. An interstitial lung pattern is a non-specific finding and accentuated by the obesity and only fair expansion of the lung field.

Possible differential diagnoses for a true infiltrate include:

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

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.

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



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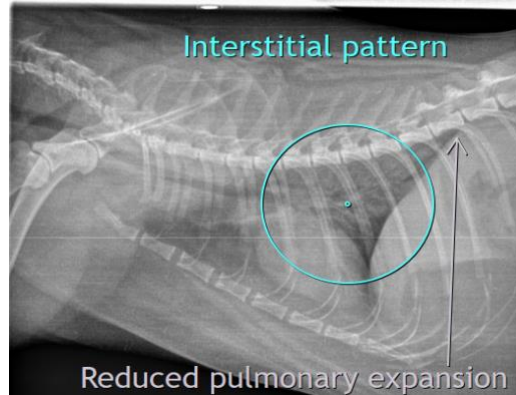
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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