



**PATIENT**

Asprid Kaplan

**PRESENTING CLINICAL SIGNS**

Reason for Visit: adr History: 11y 4m old SF DSH presents ADR. O reports over the weekend pet seemed lethargic, unlike herself. Urinated large amount outside of litter box yesterday. Indoor only.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OD and AU. OS: mild dark brown debri, no erythema or swelling present. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild to moderate dental tartar Musculoskeletal: BCS = 8/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. Suspected R cranial abdominal mass- difficult to palpate (was able to feel mass while pet was on her back). Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: QAR Hydration: N Fecal: Not performed today Diagnostic Testing Needed: Feline senior profile, Thoracic radiographs, AUS Declined Diagnostics/Treatments: None Findings: 1) CBC: RBC 3.81 (6.54-12.20), 21.2 (30.3-52.3), HGB 5.9 (9.8-16.2), RETIC 510.2 (3.0-50.0), WBC 40.68 (2.87-17.02), NEU 29.22 (2.30-10.29), MONO 4.41 (0.05-0.67), BASO 0.33 (0.01-0.26), PLT 102 (151-600) 2) CHEM: GLU 257 (71-159), BUN 40 (16-36), Ca 7.1 (7.8-11.3), Na 143 (150-165), Cl 102 (112-129) 3) UA (cysto): 4) TT4: WNL 5) FeLV/FIV/HW snap test: Negative

**BREED**

DSH

**SEX**

SF

**AGE**

11 Years, 4 Months

**RADIOGRAPH OF THE THORAX**

RLR, LLR, VD

**INTERPRETED BY**

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

**RADIOGRAPHIC FINDINGS**

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

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible, in parts to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery. The degree of pulmonary expansion is fair.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

The cranial abdominal detail caudal to the liver is reduced and the small intestinal loops appear to contain gas. In right lateral recumbency the region of the splenic head is also affected and the centrally an irregularly marginated soft tissue opacity presents itself.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

52453

**RADIOGRAPHIC DIAGNOSIS**

- Interstitial pattern
- Loss of abdominal detail
- Possible splenic abnormality

**DATE**

6-15-22



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The interstitial lung pattern is a non-specific finding and accentuated by obesity and only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

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Feline

- Infection (bacterial, fungal, viral, parasitic)
- Inflammation (allergic, smoke inhalation)
- Edema
- Hemorrhage
- Fibrosis
- Tumor (e.g. lymphoma)

**BREED**

DSH

The imaging findings should be correlated with the clinical findings before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out. Obesity is known to impair lung function; weight control is strongly recommended.

**SEX**

SF

Considering the high BCS, the abdominal organs should be easily visible and well outlined. As this is not the case, pansteatitis with inflammation of the mesentery due to pancreatic disease and ascites due to e.g. splenic disease are differential diagnoses. Abdominal ultrasound is recommended.

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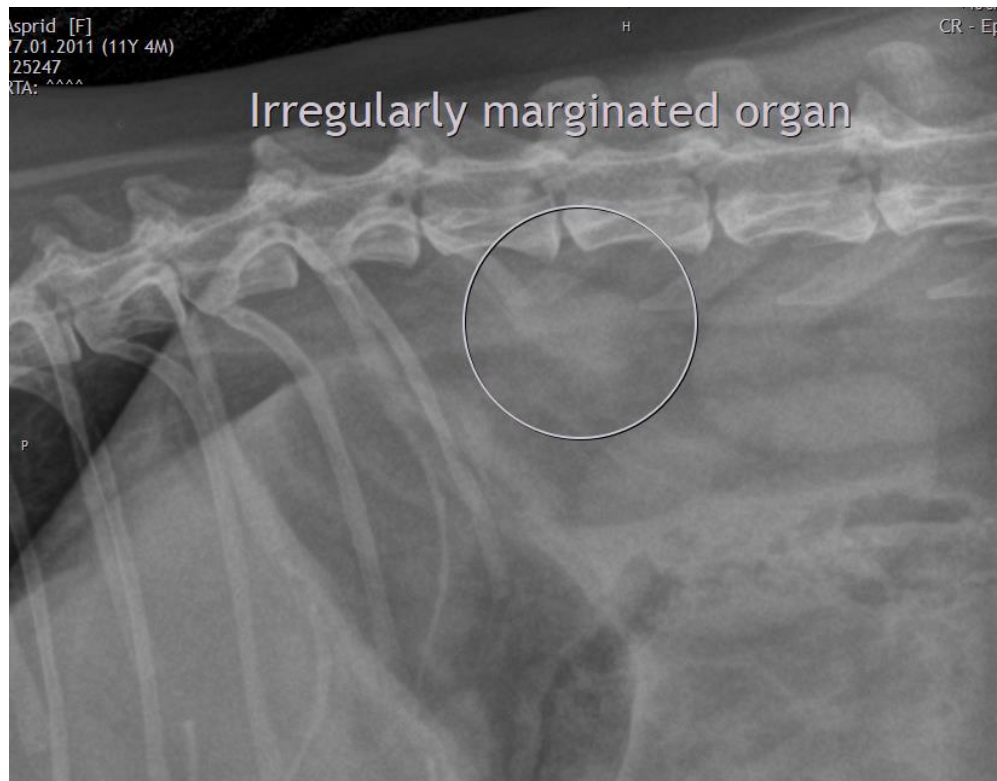
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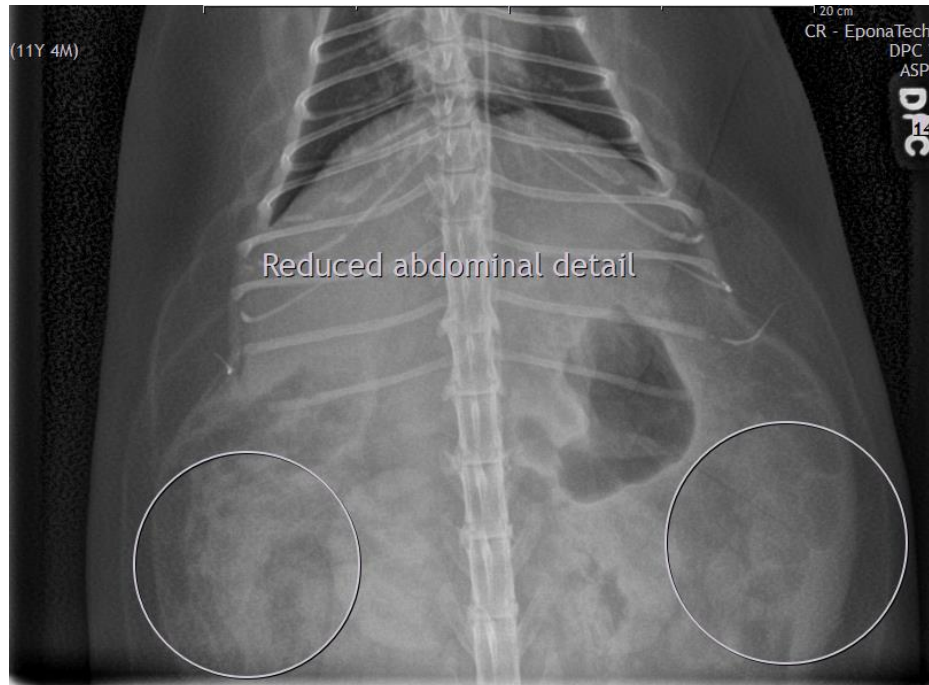
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
Dr.H.Rudorf@gmail.com