



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mittens Phaneuf	P has a hx of purulent nasal discharge and dental disease. Has been on antibiotics intermittently and clears up, but comes back. Weight loss of 2 lbs. Chem, CBC pending.
<b>SPECIES</b>	<b>RADIOGRAPH OF THORAX AND HEAD</b>
Feline	2 orthogonal views thorax including neck and head, 1x VD head and neck
<b>BREED</b>	<b>RADIOGRAPHIC FINDINGS</b>
Domestic Shorthair	<u>Thorax</u> The body condition score is 4/9 and the skin molds itself to the dorsal spinous processes. The bony structures appear physiological. The lungs are in contact with the thoracic boundaries and the tips are pointed. In the caudal lobes the clear outline of the lobar vessels is lost, and peripheral bronchi are enhanced. The position of the diaphragm is physiological though a gap is present between heart and dome of the diaphragm. The fore legs are superimposed onto the cranial thorax and the cranial lobes appear to be increased in opacity, especially on the lateral view.
<b>SEX</b>	
Neutered Male	
<b>AGE</b>	
2 Years	The width of the cranial mediastinum is physiological. The trachea diverges from the thoracic vertebrae and the carina is located at T5.
<b>INTERPRETED BY</b>	The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. No chamber or outflow tract enlargement is evident.
Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR	<u>Head</u> The left bulla wall is thickened, and the bulla shows an increased opacity. The right bulla wall also appears to be thickened on the lateral aspect. A lobulated, soft tissue opacity occupies the nasopharynx and displaces the soft palate ventrally and the larynx caudally.
<b>HOSPITAL NAME</b>	<b>RADIOGRAPHIC DIAGNOSIS</b>
The Pet Hospital of Stratford	<ul style="list-style-type: none"> <li>• Middle ear disease (left more than right)</li> <li>• Nasopharyngeal mass and occlusion</li> <li>• Broncho-interstitial pattern</li> <li>• Emaciation</li> </ul>
<b>REFERRING VET</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr Robert Bashkin	Considering the age, the changes are compatible with a middle ear polyp extending along the eustachian tube into the nasopharynx. However, a malignant tumor cannot be ruled out. Due to the occlusion of the nasopharynx, nasal bacteria cannot easily leave, and a nasal infection can coexist. Ooscopic and retrograde nasopharyngeal examinations are recommended. A bulla osteotomy may have to be performed.
<b>INVOICE</b>	
52458	
<b>DATE</b>	
6-15-22	The lung pattern could be the result of eosinophilic bronchitis and early changes of asthma could be present. However, the lack of abdominal fat allows a good caudal excursion of the diaphragm which may be the cause for the gap between dome and caudal heart border. Broncho-alveolar lavage is recommended as a chronic infectious bronchitis may be present as a result of the compromised air flow.



**PATIENT**

Mittens Phaneuf

The emaciation is most likely the result of reduced food intake due to difficulty breathing. Should this not improve after the nasopharyngeal obstruction has been removed, further examinations regarding tumor identification will have to be performed.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

2 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

The Pet Hospital of  
Stratford

**REFERRING VET**

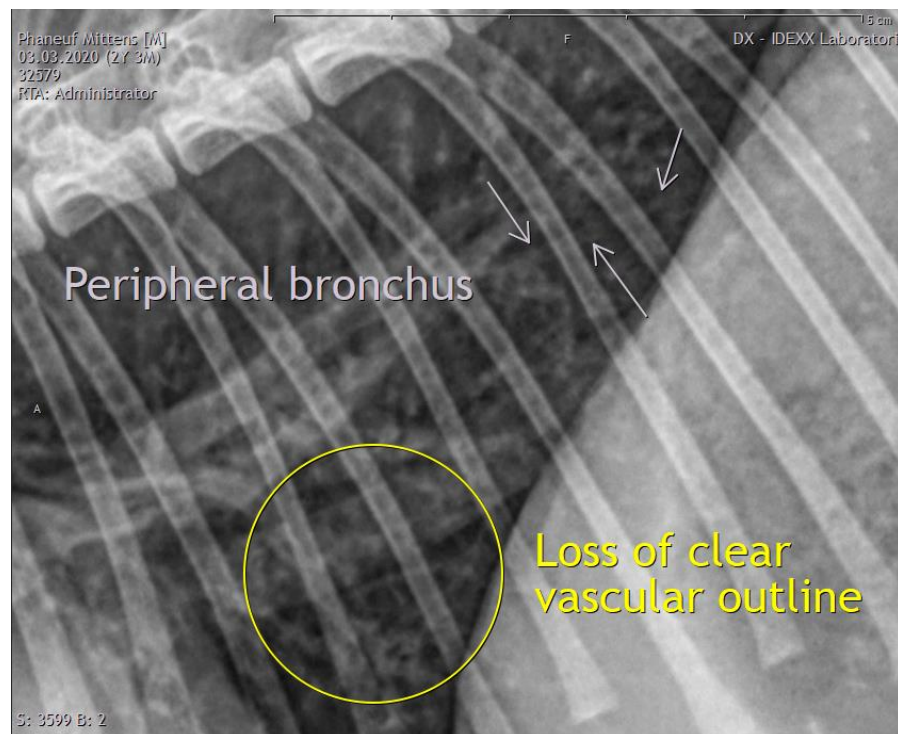
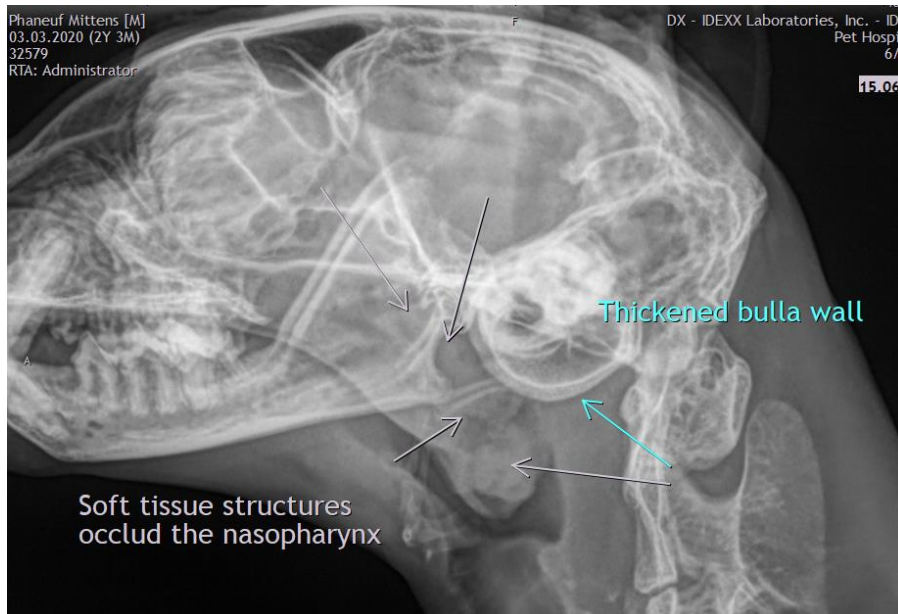
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Mittens Phaneuf

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Domestic Shorthair

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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**  
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