



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Fluffy Torres History: Reason for Visit: GAGGING History: P IS A 3YR OLD F/S DSH PRESENTING TODAY FOR COUGHING/GAGGING EPISODES FOR PAST 4 DAYS. O HAS HAD P SINCE KITTEN NOTHING IN HX. BETWEEN EPISODES P IS NORMAL BREATHS NORMAL. P GOES IN BACKYARD. NO OCULAR/NASAL DISCHARGE.

**SPECIES**

**SPECIES** Feline Abnormal PE/Chem/CBC/UA Results: AU; No cough on tracheal palpation. Oral Cavity: mod dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Harsh bronchovesicular sounds bilaterally.

**BREED**

DSH

**RADIOGRAPHIC STUDY OF THE THORAX**

**SEX**

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

Spayed Female

The bony structures appear physiological.

**AGE**

3 Years

Lung expansion is good, and a gap is present between caudal heart border and diaphragm. The outline of the lobar vessels is slightly blurred, and peripheral bronchi are highlighted. Doughnuts and tramlines are evident.

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

**INTERPRETED BY**

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

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. The caudal heart border is exactly superimposed onto the border of rib 6. On the DV view the sternum is located to the right of the vertebral and the cardiac shape resembles a Valentine heart.

**RADIOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

DPC Veterinary H

- Broncho-interstitial pattern
- Possible bi-atrial enlargement

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. White

The pulmonary changes could be due to inflammatory (e.g. eosinophilia due associated with early feline asthma) or infectious infiltrate (e.g bronchitis) or may represent a combination of peribronchial inflammation/infection and interstitial edema (due to early hypertrophic cardiomyopathy). Even though a heart murmur is not described, echocardiography is recommended. Tracheobronchoscopy with broncho-alveolar lavage will define the type of infiltrate to allow a tailored treatment.

**INVOICE**

16112

**DATE**

6/16/22



**PATIENT**

Fluffy Torres

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

3 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

DPC Veterinary H

**REFERRING VET**

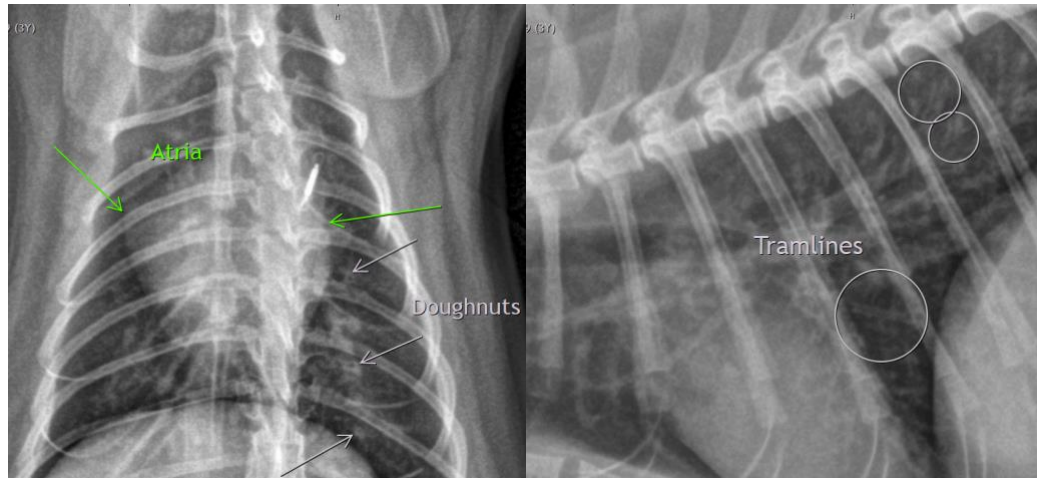
Dr. White

**INVOICE**

16112

**DATE**

6/16/22



**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  
dr.h.rudorf@gmail.com