



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Luna Spencer	P is a 7 yo SF. O is concern because p has rapidly gaining weigh, she thinks may be the new food she's feeding (RC rabbit). O noticed P started gaining weigh on december, around the same time she started the feeding food. O also mentioned that p drinks a lot of water and can be drinking water all day. P has been seen before regarding breathing issues. O was told that could be allergies or asthma but that it wasn't severe. Recently o has noticed that P is having more difficulty breathing. When p is relax her respiration is loud and heavy, no discharge from eyes or nose. O also metioned P occationally cough.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: did not tolerate oral exam Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Mod flakiness. CV/Respiratory: No murmur or crackles/wheezing auscultated. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 8/9 Neurological: Appropriate
DSH	
<b>SEX</b>	
SF	
	<b>RADIOGRAPH OF THE THORAX</b>
	2 orthogonal views
<b>AGE</b>	<b>RADIOGRAPHIC FINDINGS</b>
7 Years	The body condition score is 9/9 with smooth alternating layers of fat and soft tissue opacity.
<b>INTERPRETED BY</b>	The bony structures appear physiological.
Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR	The degree of pulmonary expansion is fair at best. The lungs are mildly separated from the thoracic boundaries by a layer of fat opacity. The lobar vessels and main bronchi are visible.
<b>HOSPITAL NAME</b>	The cranial mediastinum contains fat and bulges on the left side. The trachea diverges from the thoracic vertebrae and the carina is located at T5.
DPC Veterinary Hospital	The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No obvious chamber or outflow tract enlargement is evident.
<b>REFERRING VET</b>	<b>RADIOGRAPHIC DIAGNOSIS</b>
Dr. White	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Interstitial pattern</li> </ul>
<b>INVOICE</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
52582	The generalized interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:
<b>DATE</b>	<ul style="list-style-type: none"> <li>• Infection (bacterial, fungal, viral, parasitic)</li> <li>• Inflammation (allergic e.g. eosinophilic bronchopneumonia)</li> <li>• Edema</li> <li>• Hemorrhage</li> <li>• Polycythemia</li> <li>• Fibrosis</li> </ul>
6-26-22	



**PATIENT**

Luna Spencer

- Tumor (e.g. lymphoma)

The imaging findings do not correlate with the unspectacular findings on clinical examination, thus further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage can wait until the animal has lost weight. Changing back to the previous diet under which no weight gain was observed seem logical to me.

**SPECIES**

Feline

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

**BREED**

DSH

Diabetes and Cushing's disease can lead to increased thirst and obesity and a full biochemical profile should be obtained if it has not already been done.

**SEX**

SF

**AGE**

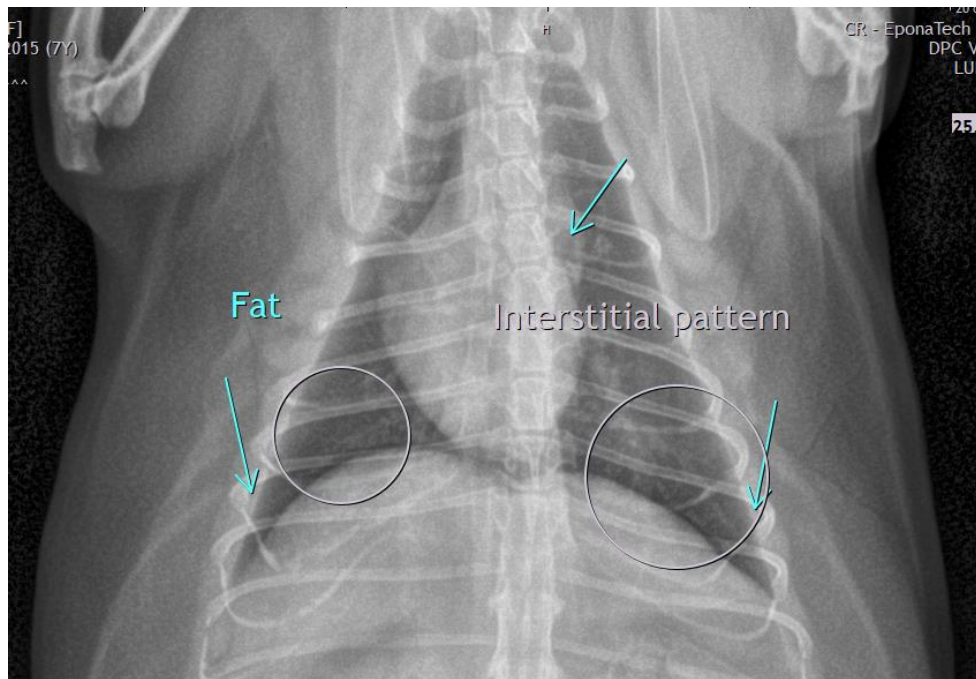
7 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

DPC Veterinary  
Hospital



**REFERRING VET**

Dr. White

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.

**INVOICE**

52582

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.

**DATE**

6-26-22

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