



PATIENT

Ringo Burns

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

9 Years

WEIGHT

9.75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Krueger, LVT

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Sydney Thorson

INVOICE

37385

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History of feline asthma since adoption in 2019. Managed well with fluticasone and albuterol until ~2 months ago. Patient is now having frequent episodes daily, up to 4-5 times per day. Difficulty catching breath afterwards.

Abnormal PE/Chem/CBC/UA Results: Occasional "pop" heard at end of breaths, not frequent Temp 101.5

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 5-6/9 with little s.c. fat.

The bony structures appear physiological.

The lung lobes are overexpanded with the tips of the cranial lobes located cranial to the first ribs and a large gap between caudal heart border and dome of the diaphragm. Tramlines and doughnuts underline the generalized, peri-bronchial infiltrate. An ill defined, crescent shaped alveolar infiltrate is present in the right middle lobe close to the cardiac border on the VD. This infiltrate is located in the ventral lobe over the cardiac silhouette in left lateral recumbency

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located level with T5/6.

The cardiac silhouette occupies 65% of the chest height and 2 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

Localized alveolar component ventral R middle lobe

Feline asthma

- Generalized peribronchial infiltrate
- Pulmonary overexpansion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are compatible with the known feline asthma; severe bronchitis is the differential diagnosis. The localized alveolar infiltrate likely represents an infection. However, consolidation due to chronic inflammation with mucous accumulation is possible. Bronchoscopy with BAL is recommended, ideally obtained from the right lung to assess the necessity of antibiotic treatment. The amount of cortisone may have to be increased if no infection is present.



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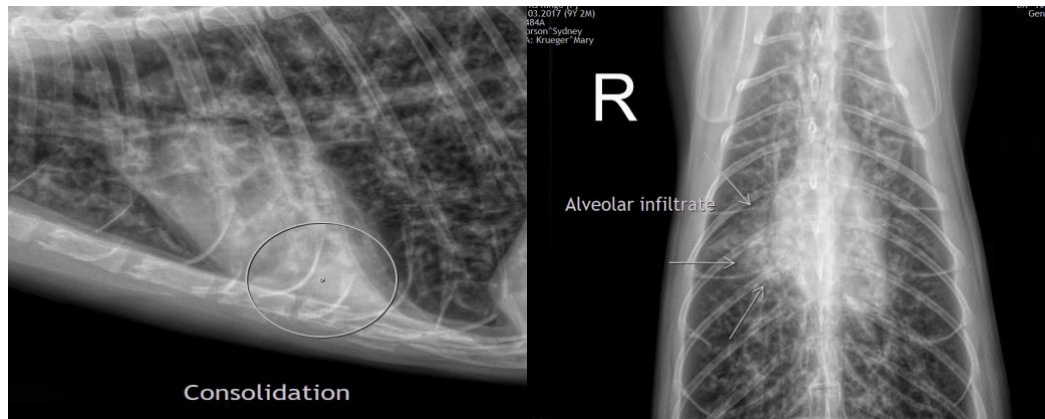
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com