



PATIENT

Sundance Lenz-Becker

PRESENTING CLINICAL SIGNS

Within the last day or so Sundance has started to have little episodes of breathing difficulty. It will happen randomly. It has become more frequent since 1st noticed. When she is having an episode it almost looks like she is panting with her mouth wide open but there is an audible wheeze every now and then. She is still able to meow and move around when the episode starts. It almost sounds like hacking up a hairball. She is an indoor/outdoor cat.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: TACHYPNEA, DYSPNEA. EXPIRATORY WHEEZE, INSPIRATORY HARSHNESS UP 5# IN 3 YEARS Fast breathing but not blue

BREED

DLH

RADIOGRAPHIC FINDINGS OF THE THORAX

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

SEX

FS

The bony structures appear physiological.

Considering the high body condition score the lungs are well expanded. The lungs are in contact with the thoracic boundaries and the tips are pointed. The outline of the lobar vessels is blurred; tramlines and doughnuts are present.

AGE

6 Years, 2 Months

The cranial mediastinum is of physiological size and opacity. A triangular soft tissue opacity is located just cranial to the heart, dorsal to the sternum. It is separated from the cardiac outline by fat. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

INTERPRETED BY

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

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident. On the VD view, two bulges are present level with the cranial heart but with an opacity less than that of the cardiac silhouette. The pulmonary arteries are larger than rib 9 at their intersection. Similarly, the pulmonary vessels for the cranial lobes are larger than rib 4 on both lateral views.

RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial lung pattern
- Obesity

HOSPITAL NAME

Elizabeth Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung pattern indicates bronchitis. Primary inflammatory, non-infectious causes (e.g. neutrophilic, eosinophilic, allergic), as well as infectious causes (bacterial, viral, parasitic) need to be considered. Bronchoscopy including BAL is necessary for a definitive diagnosis. The expansion of the lungs is remarkable, considering the obesity, and thus feline asthma is likely; this would fit with the described expiratory wheeze.

REFERRING VET

Leon Anderson, DVM

INVOICE

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The opacity cranial to the heart and level with the atria is most likely due to fat. However, cardiomyopathy should be ruled out with echocardiography. At the same time tricuspid valve regurgitation should be assessed to rule out pulmonary hypertension.

DATE

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



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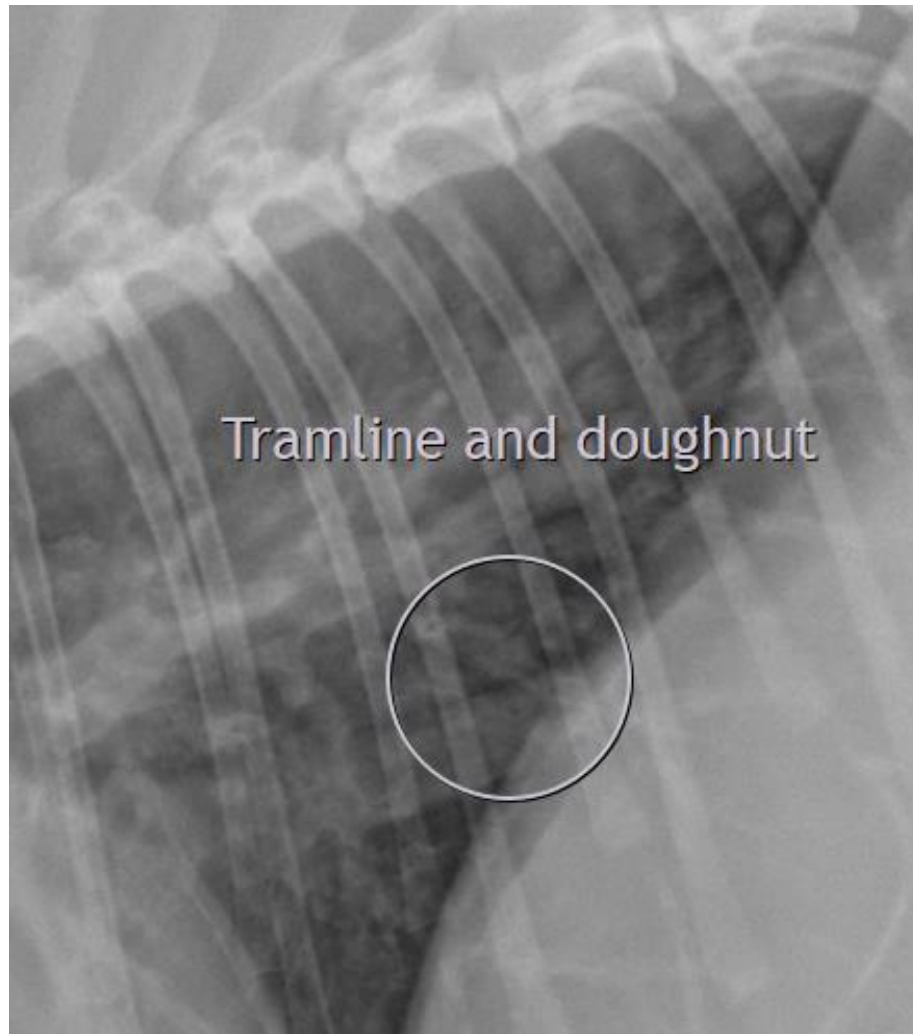
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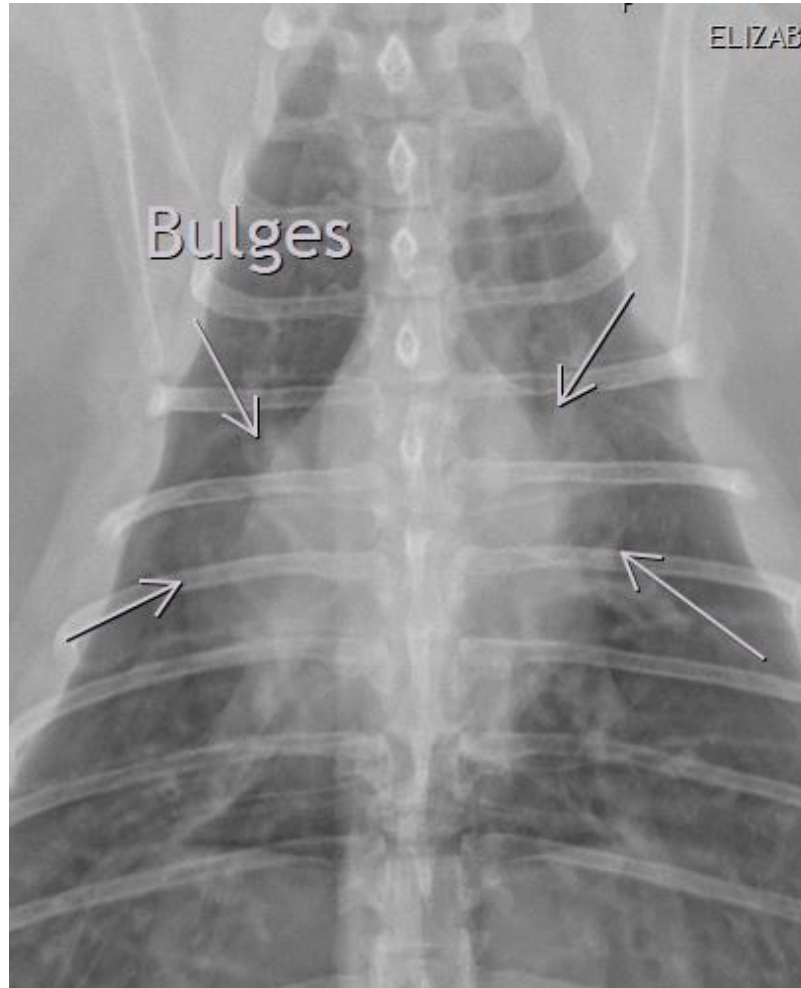
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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., DipECVDDI, DVR
Dr.H.Rudorf@gmail.com