



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Trouble Forman	P is a 17 yo FS DSH with hx of renal neoplasia. P presented on emergency today after being found laterally recumbent, struggling to poop and open mouth breathing. On presentation p was lateral, flailing, drooling open mouth breathing, started on O2 tx while IVC placed, p had brief episode of collapse and agonal breathing, resolved with O2 and fluid bolus. P was given Bup, enema and p calmed and improved significantly. Normal heart and lung sounds. Painful on abdominal palpation. Rectal revealed stricture/mass like effect in abdomen that resolved following rectal digital exam.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	<b>RADIOGRAPH OF THORAX AND ABDOMEN</b>
DSH	Abdomen: L lateral Catogram: 2x L + 1x R lateral, 2x VD Pelvis: R lateral
<b>SEX</b>	<b>RADIOGRAPHIC FINDINGS</b>
Neutered Male	The body condition score is 9/9 with mostly subcutaneous fat.  Smooth bony spurs are present on the endplates of the multiple vertebrae. The LS disc space is reduced, and the adjacent endplates are sclerotic.
<b>AGE</b>	<u>Thorax</u>
17	In right lateral recumbency the left cranial lung lobe shows an increased opacity whereby only the main the lobar vessels are visible. One bronchus is visible and orientated perpendicular to the sternum. In left lateral recumbency this is less obvious, but the clear vascular outlines is lost in the most caudo-dorsal lung field, resulting in an area of increased opacity just ventral to T11.  The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina. On two lateral views the esophagus contains a moderate amount of air.
<b>INTERPRETED BY</b>	<u>Abdomen</u>
Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR	The abdominal detail is good; diaphragm and abdominal wall are intact. Three metallic, circular implants are present in the mid dorsal abdomen, two just to the left of L2/3 and one to the left of L6 (superimposed onto the desc. colon on the VD views).  The liver is located within the costal arch and the caudo-ventral lobe is pointed.  The spleen appears physiological.  The stomach contains a moderate amount of air; distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of fecal matter.
<b>HOSPITAL NAME</b>	
Animal Hospital of Roxbury	
<b>REFERRING VET</b>	
Dr. Hickenbottom	
<b>INVOICE</b>	
52766	
<b>DATE</b>	
7-8-22	Only one renal shadow is present and has a physiological size, shape and opacity; the surface is smooth. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.



**PATIENT** The sublumbar region appears physiological.

Trouble Forman

**RADIOGRAPHIC DIAGNOSIS**

- Mixed, multifocal lung pattern

**SPECIES**

Feline

Incidental findings:

- One kidney (L) missing (likely surgically removed due to metal implants in region of missing kidney and ureter)
- Spondylosis
- LS disc disease
- Obesity

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Differential diagnoses for the pulmonary changes include

Neutered Male

- Edema
- Hemorrhage
- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
- Tumor (e.g. lymphoma)

**AGE**

17

However, instead of representing a primary lung disease, it may be associated with the epileptiform event and thus edema and hemorrhage appear to be more likely. Radiographic follow up after 3 days is recommended. MRI of the brain would be necessary to identify a vascular event, brain tumor, infection or metastatic disease.

**INTERPRETED BY**

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

Obesity is known to impair lung function.

**HOSPITAL NAME**

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**TECHNICAL COMMENTS**

The side marker on both VD views appears to be incorrectly placed considering the position of the gas filled stomach.

**REFERRING VET**

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**PATIENT**

Trouble Forman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

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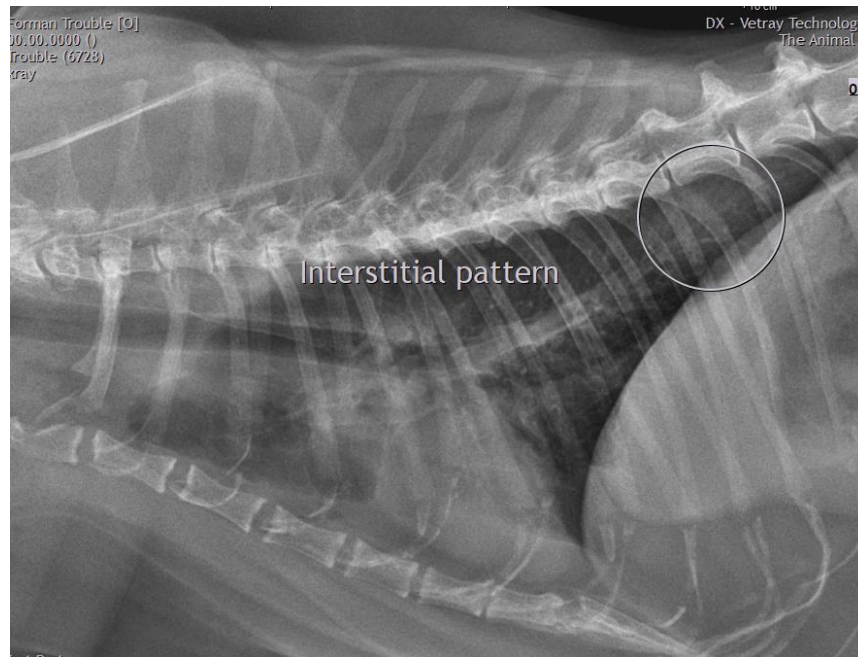
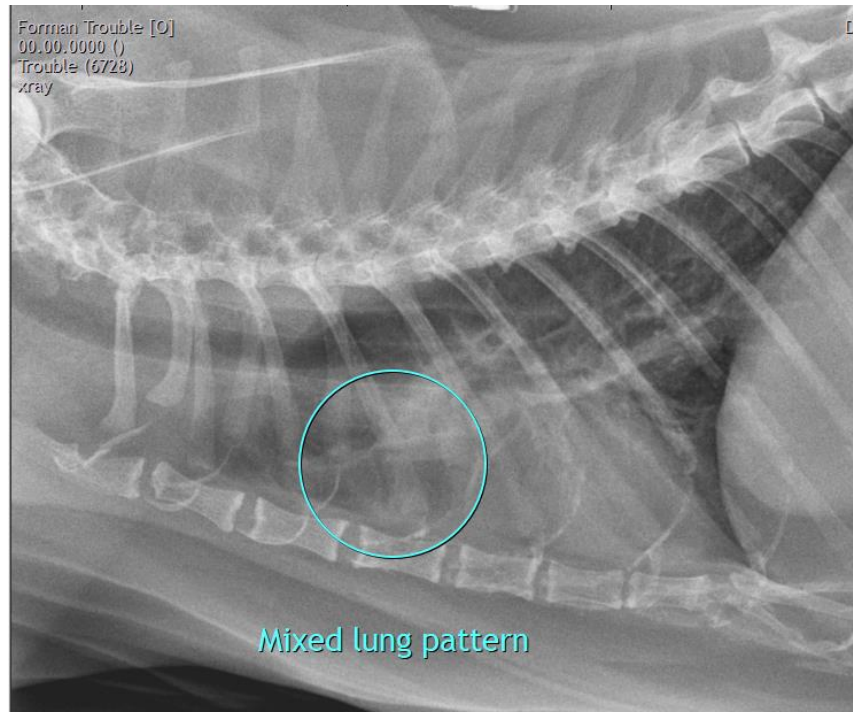
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**PATIENT**

Trouble Forman

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Heike Rudorf**, DVM, Dr. med. vet., DipECVDI, DVR  
Dr.H.Rudorf@gmail.com

**SEX**

Neutered Male

**AGE**

17

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