



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Church Lang History: Pt having anorexia, 1 lb weight loss in 2 months. Pt has a history of early renal failure and was diagnosed & started on hill's k/d diet Oct 2021. Renal values WNL today.

SPECIES Abnormal PE/Chem/CBC/UA Results: Anemia (22.8%), marked leukocytosis. UA resulting in renal, squamous, transitional and caudate cells, rbc's and wbc's present, granular casts containing fat globules, cells & fine granular material.
Feline

RADIOGRAPHIC STUDY OF THE THORAX

BREED The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

DSH Multiple endplates show a spur of new bone.

SEX Spayed Female The right caudal lobe is overinflated; it displaces the accessory and left caudal lobe to the left. The diaphragmatic outline is straight and steep and a gap is present between heart and diaphragm. The surfaces of both caudal and the accessory lobe are undulating. Right middle and accessory lobes show a hazy increased opacity without distinct edges. Multiple nodular lesions of slightly variable diameter are distributed throughout the lung lobes. They have a lucent center and a soft tissue opaque rim of variable thickness.

AGE 7 Years The cranial mediastinum is of physiological width and opacity; the cardiac silhouette is slightly displaced to the left on the VD view. The trachea diverges from the thoracic vertebrae and the carina is located at T6/7; caudal main stem bronchi are not clearly outlined.

INTERPRETED BY The cardiac silhouette occupies 65% of the chest height and 2.25 intercostal spaces. No chamber or outflow tract enlargement is evident.

Heike Rudolf, DVM,
Dr. med. Vet.,
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RADIOGRAPHIC DIAGNOSIS

- Multiple, cavitating lung lesions
- Increased opacity R caudal lobe
- Mediastinal shift to the left
- Overinflated right lung lobes
- Spondylosis (incidental finding)

HOSPITAL NAME

Pocono Peak VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Nicole Norris-Carney

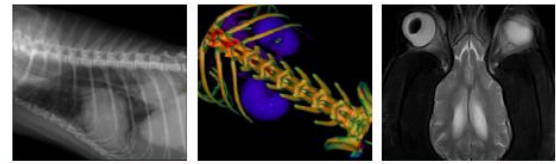
Cavitating lesions could represent lung metastases (e.g. due to a lung or renal tumor) as well as abscesses with necrotic centers which have contact to a bronchus and are thus empty. Paragonimus cysts are a differential diagnosis. The increased opacity in the lungs should be checked by obtaining a sample, either under ultrasound guidance or during bronchoscopy. Abdominal ultrasound is recommended to assess the kidneys and obtain samples should a mass be present. The overinflation could be due to bronchial compression by a mass lesion or an underlying feline asthma.

INVOICE

16835

DATE

8/12/22



PATIENT

Church Lang

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

INTERPRETED BY

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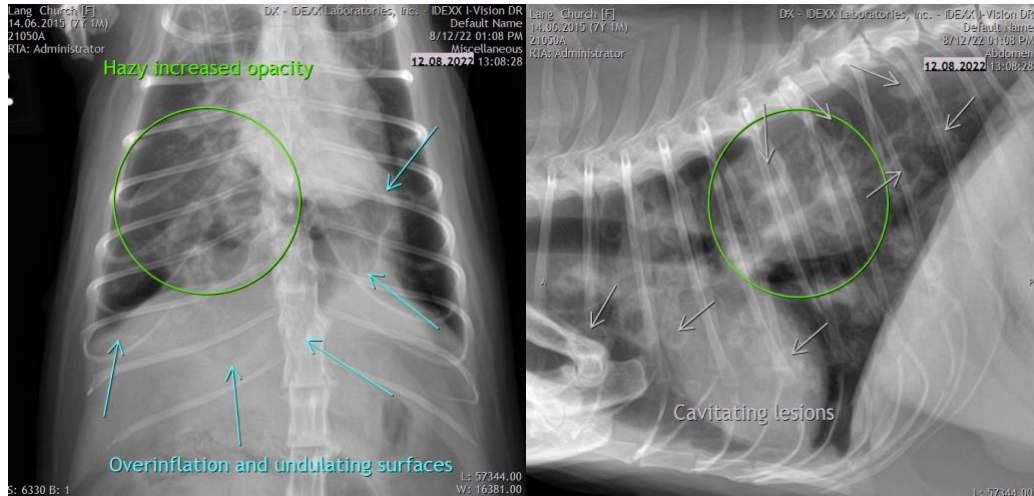
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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