



**PATIENT PRESENTING CLINICAL SIGNS**

Theo Shaw History: Routine dental procedure performed June 29th. Since then, waxing/waning appetite, weight loss. Ultrasound with Sonopath August 4th performed. Recommendations from Dr.Senello to perform 3 view chest radiographs. Cardiac Ultrasound performed March 30, 2022 - . Mildly increased left ventricular internal diameter - r/o very early cardiomyopathy vs. individual variation - mildly increased NTproBNP

**SPECIES**

Feline Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL, awaiting TLI, folate b12

**BREED RADIOGRAPHIC STUDY OF THE THORAX**

DSH The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity. Rib 13 on the right is underdeveloped.

**SEX**

Neutered Male The dorsal lung lobes extend to L1. A generalized loss of clear vascular outline accompanies bronchial enhancement. A 0.6cm diameter soft tissue nodule is located in the right cranial lobe at the cranial edge of the DV view. Another nodule is present in the dorsal 6<sup>th</sup> intercostal space. An oval soft tissue opacity is located dorsal to the second sternebra.

**AGE**

12.5 Pounds The trachea diverges from the thoracic vertebrae and the carina is located at T5/6. The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

**RADIOGRAPHIC DIAGNOSIS**

- Interstitial infiltrate with a bronchial component
- Nodular structure 6<sup>th</sup> intercostal space dorsally and 1<sup>st</sup> intercostal space on the right
- Vestigial rib T13, right

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The differential diagnoses for a generalized interstitial lung pattern include:

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

**REFERRING VET**

Dr. Martin

Two nodular opacities can represent metastases, granulomata or abscesses. Due to the position of the humeri it is difficult to assess the region dorsal to the second sternebra but the oval structure could be due to pulmonary infiltrate or sternal lymphadenomegaly. The combination of interstitial infiltrate and nodules make parasitic infection and tumour. The most likely differential diagnoses. CT examination of the thorax will give a much better impression of the lymph nodes and the nodules. Obtaining a sample from the lung parenchyma may be diagnostic.

**INVOICE**

16857

**DATE**

8/12/22



**PATIENT**

Theo Shaw

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12.5 Pounds



**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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