



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Emily Fowler **PRESENTING CLINICAL SIGNS** History: Coughing since adopted in Dec 2020, had hx of broken ribs and head trauma. Coughing more frequently now. Occuring at rest and with exercise, faint crackles on right side of chest and decreased lung sounds compared to left side. No murmur

SPECIES Feline **PRESENTING CLINICAL SIGNS** Abnormal PE/Chem/CBC/UA Results: CKD stage 2; faint crackles on right side of chest and decreased lung sounds compared to left side. No murmur

RADIOGRAPHIC STUDY OF THE THORAX

BREED DSH **RADIOGRAPHIC STUDY OF THE THORAX** The body condition score is 8/9 with slightly irregular opacities in the region of ribs 5-10.

Ribs 7-9 on the right point caudally instead of laterally and some show a central thickening suggesting old trauma. Small osteophytes are present on some vertebral endplates.

SEX Spayed Female **RADIOGRAPHIC STUDY OF THE THORAX** Considering the high body condition score the caudal lung expansion on the lateral view is more than expected in cats with a normal BCS. Doughnuts are present and best visible dorsal to the caudal vena cava. The right caudal lobe is retracted from the rib cage and the gap between caudal heart border and dome of diaphragm is increased in opacity, obscuring the outline of the caudal vena cava but not that of heart or diaphragm.

AGE 12 Years **RADIOGRAPHIC STUDY OF THE THORAX** Trachea diverges from the thoracic vertebrae and the carina is located at T6.

INTERPRETED BY Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR **INTERPRETED BY** The cardiac silhouette is surrounded by a fat opacity on the DV view which result in a double cardiac outline. This pericardial fat merges with the pleural opacity in the region of the retracted lung lobe. The heart occupies 75% of the chest height and approximately 2 intercostal spaces. No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

- HOSPITAL NAME** Trusted Friend AC
- Left caudal lobar retraction
 - Overexpansion of lungs
 - Bronchial pattern
 - Obesity

REFERRING VET Hayley Grove **REFERRING VET** Incidental findings

- Abnormal rib orientation on right
- Spondylosis, mild

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE 12630 **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS** The opacity causing the lobar retraction appears to represent fat but an ultrasound guided FNA is necessary to confirm this. Lung expansion and peribronchial infiltrate are highly suggestive of feline

DATE

8/20/21



PATIENT Emily Fowler
 asthma. Infectious bronchitis is a differential diagnosis. Tracheo-bronchoscopy with BAL is recommended for a definitive diagnosis. Echocardiography will be able to identify right sided regurgitation should pulmonary hypertension be present.

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

TECHNICAL COMMENTS

BREED DSH
 Both images are grainy. Only jpg images were submitted. The transformation from DICOM to jpg reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports I suggest submitting DICOM images in the future.

SEX

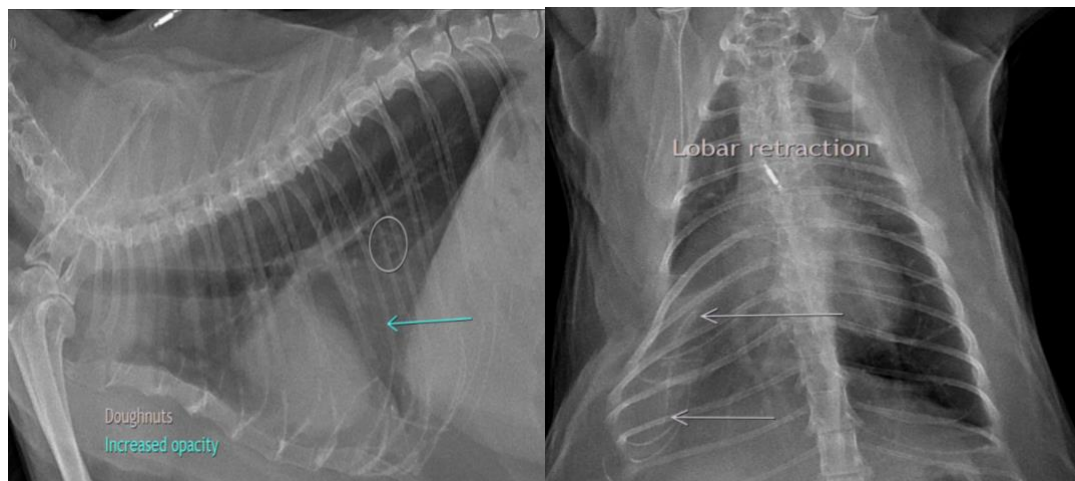
Spayed Female

AGE

12 Years

INTERPRETED BY

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



HOSPITAL NAME

Trusted Friend AC

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

REFERRING VET

Hayley Grove

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
 dr.h.rudorf@gmail.com

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PATIENT

Emily Fowler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

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REFERRING VET

Hayley Grove

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