



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Hamish Barton
SPECIES Feline
BREED DLH
SEX Neutered Male
AGE 14 Years

PRESENTING CLINICAL SIGNS
 History: This is my cat. He has an ASD and VSD, IRIS stage 2 (nearly3),he also has asthma and has been on oral corticosteroids for the past few years. The inhaler has not been used frequently except this year with the smoke, we have had to use it more often. His usual resting resp rate is around 35. We were on holidays for 2 weeks and when we arrived home he was in resp distress and RR was 70 or so. was hard to hear lungs through his incredible murmur and his purring. These are his rads. Do you think the pathology is respiratory in origin, or cardiac? He was treated with IV lasix (3 doses) and has been of 5 mg Prednisolone for 5 days and is feeling much better. We know he is a lemon, and has some problems, but If we can know what we need to do with him, that would help. Thanks
 Abnormal PE/Chem/CBC/UA Results: Resp distress

RADIOGRAPHIC STUDY OF THE THORAX

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

The disc space T9/10 is reduced with small bony spurs at the adjacent end plates.

The dorsal lung lobes are very well expanded. Pleural fissures are present between left caudal lobe and rib cage. A generalized, mixed lung with ventral alveolar and generalized pattern with broncho-interstitial infiltrate is present. Doughnuts are best visible in the caudo-dorsal and airbronchograms in the ventral lobes. The surface of the cranial lobar vessels appears slightly undulating.

Terminal trachea and carina are slightly elevated by the heart. The cranio-ventral lobes are mildly dorsally displaced in the region of the sternal lymph node.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces. Bi-atrial enlargement is present as well as ventricular prominence.

RADIOGRAPHIC DIAGNOSIS

- Generalized cardiomegaly with Valentine shape
- Pleural effusion, left side
- Alveolar infiltrate, generalized
- Mild overexpansion of lung lobes

INTERPRETED BY

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

HOSPITAL NAME

Rimbey VC

REFERRING VET

Dr. Grady Barton

Incidental findings

- Discopathy
- Spondylosis

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12769
 The changes are compatible with cardiac disease and associated cardiac related as well as un-related lung disease. A generalized cardiomegaly can be caused by DCM, valvular dysplasia or septal defects. The pleural effusion most likely represents fluid due to right sided heart failure but chylothorax and

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pyothorax are possible, especially as it seems to be unilateral. The peribronchial infiltrate can be allergic (feline asthma) or infectious. The alveolar-interstitial infiltrate could be the result of edema or infection. To rule out a co-existing, nodular infiltrate, CT is the best imaging modality. A lateral radiograph post treatment will probably suffice in this case. The undulating vascular path suggests pulmonary hypertension but may also be the result of overperfusion. The mild overexpansion of the lungs is most likely the result of the respiratory distress but could also be caused by the feline asthma described in the history.

SPECIES

Feline

TECHNICAL COMMENTS

BREED

DLH

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

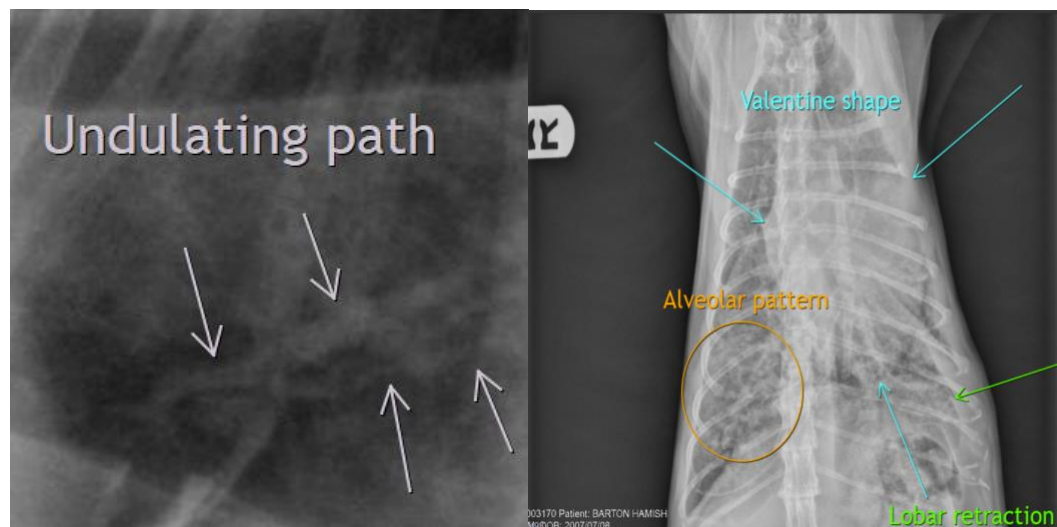
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Grady Barton

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., DipECVDI, DVR
dr.h.rudorf@gmail.com

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