



**PATIENT**

Stanley Allen

**PRESENTING CLINICAL SIGNS**

O reports that for just over a week Stanley has had a voice change. His meow sounds gritty and his purr sounds different as well. He is swallowing excessively at times like his throat is sore. He is also coughing at times (dry cough). No eye/nasal discharge, and no sneezing. E/D well, no v/d/c/s. O doesn't think he has increased respiratory effort at all. Indoor/outdoor cat on the acreage, but he doesn't go off the property and doesn't have contact with other cats as far as she knows. Other cat in house hold is sneezing.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/T4 fairly unremarkable (BUN mildly elevated as well as hematocrit, UA revealed well-concentrated sample, so likely pre-renal elevation in BUN). PE - BCS 4.5/5, mild periodontal disease, and when palpating neck/thyroid region, swallowed a bit more deeply than normal. Otitis externa diagnosed bilaterally. Sedated oral exam today - No masses or polyps or other irritation found in the oral cavity. Left side of larynx was not moving under light sedation. Thoracic radiographs taken to rule out other causes for cough. Ddx - Feline asthma? Undetected heart disease? Other? Laryngeal paralysis found today may be the sole cause of his symptoms.

**BREED**

DSH

**SEX**

MN

**RADIOGRAPHIC STUDY OF THE THORAX**

RLR, LLR, DV

**AGE**

15 Years

**RADIOGRAPHIC FINDINGS**

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

**INTERPRETED BY**

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

One elbow joint shows smooth bone fragments on its cranial border. Small osteophytes are evident on some vertebral endplates.

The cranio-ventral lobes have been slightly displaced dorsally by an opacity dorsal to sternebrae 2 and 3. The outline of the lobar vessels is obscured, and bronchi are highlighted. The degree of pulmonary expansion is fair at best.

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The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

**REFERRING VET**

Dr. McCrea-Spence

The cardiac silhouette occupies 85% of the chest height and 2.5 intercostal spaces and is slightly "boot" shaped on the lateral views with a wider base. On the VD, the impression is that of a reversed "D" with a straight left side.

**RADIOGRAPHIC DIAGNOSIS**

**INVOICE**

47289

- Cardiomegaly
- Broncho-interstitial pattern
- Obesity

Incidental findings

**DATE**

8-31-21

- Elbow OA, severe
- Spondylosis, mild



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The change in cardiac size and shape is, in an old cat, usually due to cardiac disease such as DCM or HCM. Echocardiography with Doppler is recommended.

**SPECIES**

Feline

The generalized interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field and obesity. Possible differential diagnoses for a true infiltrate include:

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

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The mild peribronchial component is suggestive for chronic lower airway disease. Eosinophilic/allergic bronchopneumopathy as well as infectious bronchitis such as viral, bacterial, parasitic, or protozoal are potential causes.

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Further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage should be considered once cardiac related edema has been ruled out.

**AGE**

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

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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.

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

**SEX**

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**AGE**

15 Years

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