



**PATIENT PRESENTING CLINICAL SIGNS**

**Teddy Petrosino**  
**SPECIES** History: P has been vomiting and coughing on and off for about the past two weeks, e/d/u/d ok, no d. didn't do it today o says its different coughing than when he has a hairball o has been giving the med consistently for the past 2 weeks, for the 2 weeks before that he didn't get the meds regularly because owner was in the hospital and person taking care of him couldn't give the meds on time... this is when the coughing and vomiting started O: negative menace OU dilated pupils OU heart arrhythmia severe dental calculus and gingivitis A: cardiac ds dental ds P: cbc/chem/T4 sdma owner declines UA 2 view rads with consult recommend echo asap cerenia inj 0.5ml SQ owner declines cerenia tabs 16mg give 1/2 tab PO SID x 4 days, then stop for 1 day and repeat x 4 days owner declines (cerenia is for vomiting and coughing both) KH  
**Feline**

**BREED RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN**

**DSH**  
 The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

**SEX** The bony structures are within normal limits.

**Neutered Male Thorax**

**AGE** The lungs are in contact with the thoracic boundaries and the tips are pointed. The outline of the lobar vessels is blurred and bronchi are highlighted. The bronchial walls are slightly increased in size and resemble doughnuts when viewed end-on.

**12**  
 The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

**INTERPRETED BY** The cardiac silhouette occupies 60% of the chest height and 2 intercostal spaces. Both atria appear prominent on the VD view and thus the cardiac silhouette appears Valentine shaped.

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

**Abdomen**

**HOSPITAL NAME** The abdominal detail is good; diaphragm and abdominal wall are intact.

**Animal Paradise Hospital** The liver is located within the costal arch and the caudo-ventral lobe is pointed.

The spleen appears physiological.

**REFERRING VET** Food is present in the stomach. Distribution and size of the small intestinal loops appear physiological, though the amount of gas varies. Colon and rectum contain a moderate amount of fecal matter.

Dr. Hellwarth

Both renal shadows have a physiological size, shape and opacity. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

**INVOICE** The sublumbar region appears physiological.  
 23790

**RADIOGRAPHIC DIAGNOSIS**

**DATE**

8/4/23



**PATIENT**

Teddy Petrosino

- Broncho-interstitial infiltrate
- Valentinoid cardiac shadow
- Variable amount of small intestinal gas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

The changes are suggestive of HCM with pulmonary edema; thus, echocardiography is recommended. Should HCM be present and diuretics not improve the clinical signs, other types of interstitial infiltrate have to be considered:

**BREED**

DSH

- infection (e.g. parasitic, bacterial, fungal)
- inflammation (allergic e.g. eosinophilic bronchopneumonia, smoke inhalation)
- lymphoma

which necessitate bronchoscopy and BAL for diagnosis and treatment.

**SEX**

Neutered Male

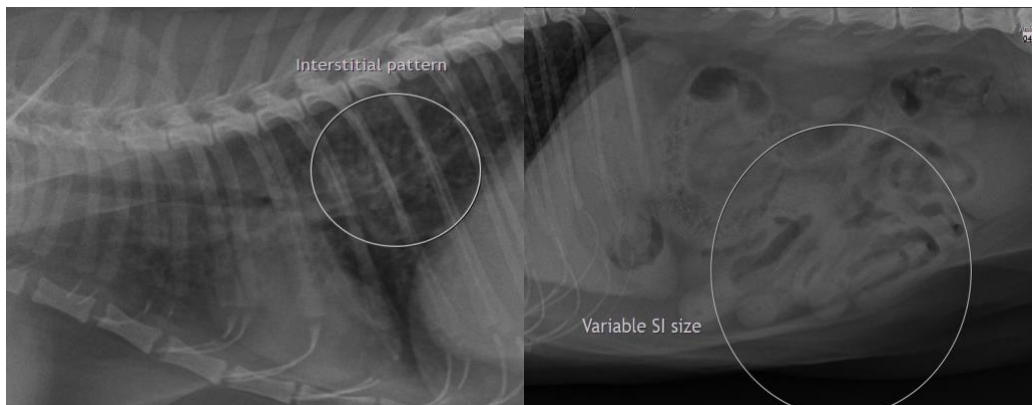
Variation of intestinal size in itself is not pathological but in association with the age of the cat and clinical signs, lymphoma should be ruled out. Ultrasound can identify wall thickness and loss of layering.

**AGE**

12

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Hospital

**REFERRING VET**

Dr. Hellwarth

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**PATIENT**

Teddy Petrosino

**SPECIES**

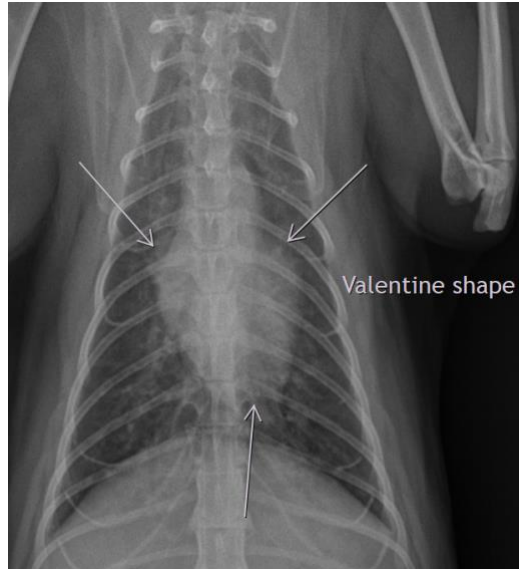
Feline

**BREED**

DSH

**SEX**

Neutered Male



**AGE**

12

**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.

**INTERPRETED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

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