



PATIENT

Cupid Borden

PRESENTING CLINICAL SIGNS

Open mouth breathing when playing but resolves on its own within minutes. Otherwise all normal. No C/S. Echocardiogram NSF. BAR, active and no lethargy noted. Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL and PE NORMAL. NO murmur or arrhythmias or effusions noted on auscultation.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX

RLR, LLR, VD

BREED

DSH

RADIOGRAPHIC FINDINGS

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

SEX

The bony structures appear physiological.

Male Neutered

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

AGE

13/30/20

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

INTERPRETED BY

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

The cranial heart border is obscured by a soft tissue opacity which is not visible on the VD view. The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

- Obscured cranial heart border

HOSPITAL NAME

Northvale Veterinary
Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Poor lung re-inflation, the presence of the thymus or pleural thickening can result in an obscuring of the heart border. Echocardiography is recommended to assess this region in more detail and to rule out an early form of HCM. Open mouth breathing is often associated with upper respiratory tract diseases such as nasopharyngeal polyp, laryngeal mass or paralysis and tonsillar enlargement. Visual inspection is recommended.

REFERRING VET

Dr. Simon

INVOICE

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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.

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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