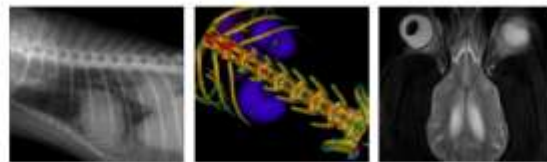




|  |   |
|--|---|
| <b>PATIENT</b>                                       | <b>PRESENTING CLINICAL SIGNS</b>  |
| Puddy Kat Demirel                                    | Vomiting + diarrhea Eye issues<br>Abnormal PE/Chem/CBC/UA Results: Radiographs- possible cardiomegaly, send for review<br>Diag/CBC/FPL/T4- Pending disp Metro 100mg 1.2ml BID for 7 days Cerenia 16mg 1/4 tab SID<br>for 3-4 days Fortiflora SID #30 Tobramycin OU BID for 7-10 days recommended start on<br>L.I.G.F.diet Diag- BUN 35.8 CBC- WNL FPL- Abnormal T4- 2.9 |
| <b>SPECIES</b>                                       |   |
| Feline   |   |
| <b>BREED</b>   | <b>RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN</b>   |
| Domestic Short Hair                                  | 2 orthogonal catograms  |
| <b>SEX</b>   | <b>RADIOGRAPHIC FINDINGS</b>  |
| MN   | The body condition score is 8/9 with a large amount of intraabdominal fat.<br>A rib is present on the left side of L1.  |
| <b>AGE</b>   | <u>Thorax</u>   |
| 9 Years  | The degree of pulmonary expansion is fair. The lungs are in contact with the thoracic boundaries<br>and the tips are pointed. The lobar vessels are poorly outlined.  |
| <b>INTERPRETED BY</b>                                | The cranial mediastinum is of physiological size and opacity. The trachea diverges from the<br>thoracic vertebrae and the carina is located at T6.  |
| Heike Rudolf, DVM,<br>Dr. med. Vet.,<br>DipECVDI DVR | The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. A “Valentin-<br>shape” of the heart with bi-atrial enlargement is present on the VD.  |
| <b>HOSPITAL NAME</b>                                 | <u>Abdomen</u>  |
| Animal Paradise<br>Hospital                          | The abdominal detail is good; diaphragm and abdominal wall are intact.<br>The liver is located within the costal arch and the caudo-ventral lobe is pointed.<br>The spleen appears physiological.   |
| <b>REFERRING VET</b>                                 | The stomach is moderately filled with food; the small intestinal loops occupy the central- right<br>abdomen and contain variable amounts of gas. The intestinal wall size of some loops appears<br>prominent. Colon and rectum contain a moderate amount of fecal matter and gas.   |
| Dr. Mostafa Elshafie                                 |   |
| <b>INVOICE</b>                                       | Both renal shadows have a physiological size, shape and opacity. The bladder is located in the<br>abdominal cavity and contains a moderate amount of homogeneous fluid opacity.   |
| 47375  | The region of the sublumbar lymph nodes appears physiological.  |
| <b>DATE</b>  | <b>RADIOGRAPHIC DIAGNOSIS</b>   |
| 9-7-21   | <ul style="list-style-type: none"> <li>• HCM</li> <li>• Interstitial pattern</li> <li>• Variable intestinal wall size</li> </ul>  |



**PATIENT**

- Transitional vertebra (incidental finding)

Puddy Kat Demirel

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The cardiac changes are compatible with HCM, and echocardiography is necessary for confirmation and assessment of the degree of regurgitation. The generalized interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

Feline

**BREED**

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

Domestic Short Hair

**SEX**

Further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage should be considered if it does not respond to diuretic treatment once the diagnosis of HCM has been confirmed.

MN

**AGE**

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

9 Years

**INTERPRETED BY**

Assessment of intestinal wall size on plain radiographs is unreliable but differential diagnoses include chronic inflammation (e.g. IBD) and tumour. Abdominal ultrasound is recommended for wall size measurement and identification of physiological layering. Alternatively, a Barium follow through can be carried out.

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

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

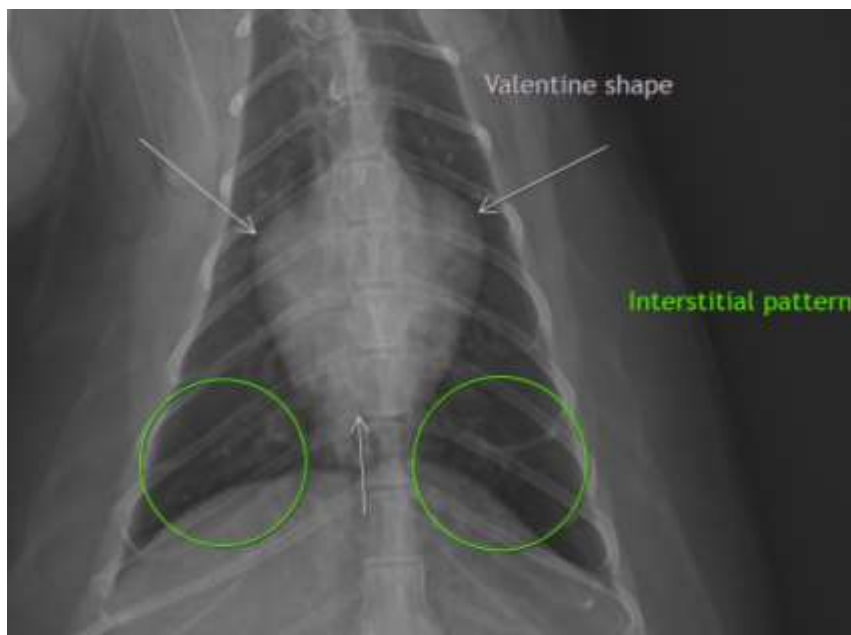
Dr. Mostafa Elshafie

**INVOICE**

47375

**DATE**

9-7-21





**PATIENT**

Puddy Kat Demirel

**SPECIES**

Feline

**BREED**

Domestic Short Hair

**SEX**

MN

**AGE**

9 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

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**REFERRING VET**

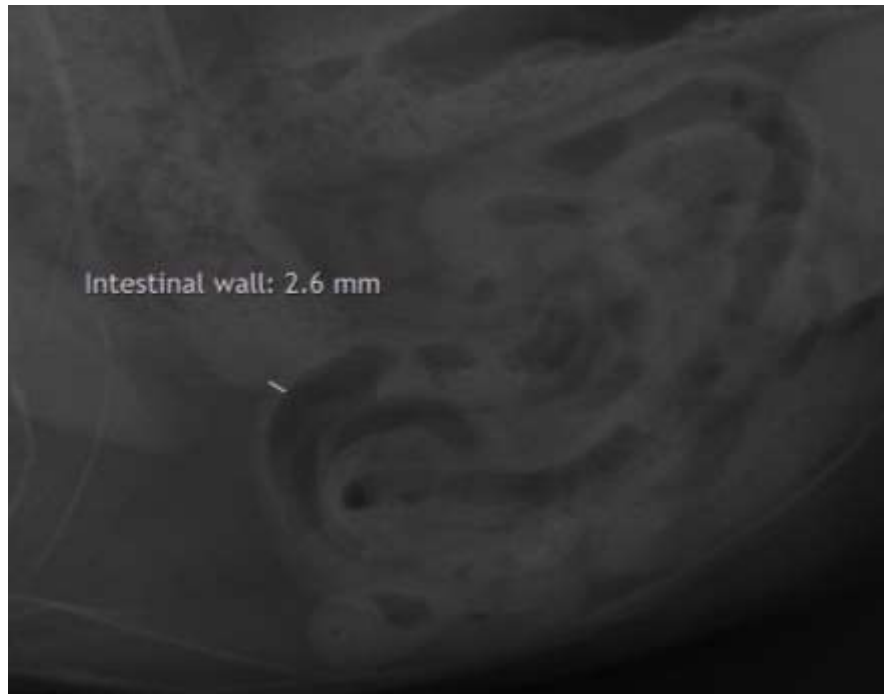
Dr. Mostafa Elshafie

**INVOICE**

47375

**DATE**

9-7-21



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.

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