



**PATIENT**

Selena Sterlacci

**PRESENTING CLINICAL SIGNS**

Came in July for asthma like symptoms treated as such, today came back in for similar symptoms again very mild wheeze auscultated. Pet did well on Pred and Doxycycline in July. Clinical signs began to slowly reoccur after finishing tapering dose of Pred in July. CBC/ Chem 17/ Lytes WNL 2 view abdominal X-rays WNL 2 view Chest X-rays diffuse interstitial pattern, caudal sternum appears deviated dorsally on right lateral view pectus excavatum? Ddx: Feline asthma vs other Sent home on prednisolone 5mg tapering dose .

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN**

**BREED**

2 orthogonal views each

DSH

**RADIOGRAPHIC FINDINGS**

**SEX**

The body condition score is 5/9.

Female

A small amount of smooth new bone is present in both elbow joints. Last sternebra and xiphisternum are dorsally deviated. Skeletal immaturity compatible with the given age is noted as well as an age-related reduction of serosal detail in the abdominal cavity.

**AGE**

Thorax

11 Months

A large gap is present between caudal heart border and diaphragm on both views. A generalized ground glass appearance is present throughout the lung lobes with loss of the vascular outline and highlighting of the bronchi. Doughnuts are present in the caudal lung lobes. Between caudal heart border and caudal vena cava a rhomboid increase in opacity is present. In the cranio-ventral lobes the interstitial pattern merges into a ventral, alveolar component.

**INTERPRETED BY**

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

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T6.

**HOSPITAL NAME**

Harmony Animal  
Hospital

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident on the VD view and the cardiac shape is physiological.

Abdomen

**REFERRING VET**

Dr. Keefe

The liver extends just beyond the costal arch and the caudo-ventral lobe is blunted.

The spleen appears physiological.

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47361

The stomach contains a small amount of air; the small intestinal loops occupy the central abdomen and appear of homogeneous and physiological size. Colon and rectum contain a moderate amount of formed fecal matter.

**DATE**

9-7-21

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.

The region of the sublumbar lymph nodes appears physiological.



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**RADIOGRAPHIC DIAGNOSIS**

- Mixed lung infiltrate, severe
- Overexpansion of lung lobes, severe

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Incidental findings

- Pectus excavatum, mild
- Elbow OA, mild
- Congenital sternal anomaly

**BREED**

DSH

**SEX**

Female

**AGE**

11 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes are compatible with an obstructive airway disease (feline asthma). The marked peribronchial infiltrate with alveolar and interstitial component is most likely due to eosinophilic infiltrate but infection, fibrosis and lymphoma are differential diagnoses. The pectus excavatum may have been present at birth but usually develops secondary to the chronic obstructive lung disease and can progress. Obtaining a sample from the lungs is important to differentiate between inflammatory and infectious disease, though both may be present at the same time. In case of high eosinophils, a low dose steroid treatment may have to continue for a longer period of time (months). Nebulization is a good way to administer the cortisone straight to the lungs. Echocardiography is recommended as Cor pulmonale may already be present. The liver extends beyond the costal arch because of the deeply inspiratory view rather than due to hepatomegaly. The rounded border may already be a sign of steroid hepatopathy, and liver enzymes should be checked.

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**TECHNICAL COMMENTS**

Human fingers in primary beam VD thorax

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**REFERRING VET**

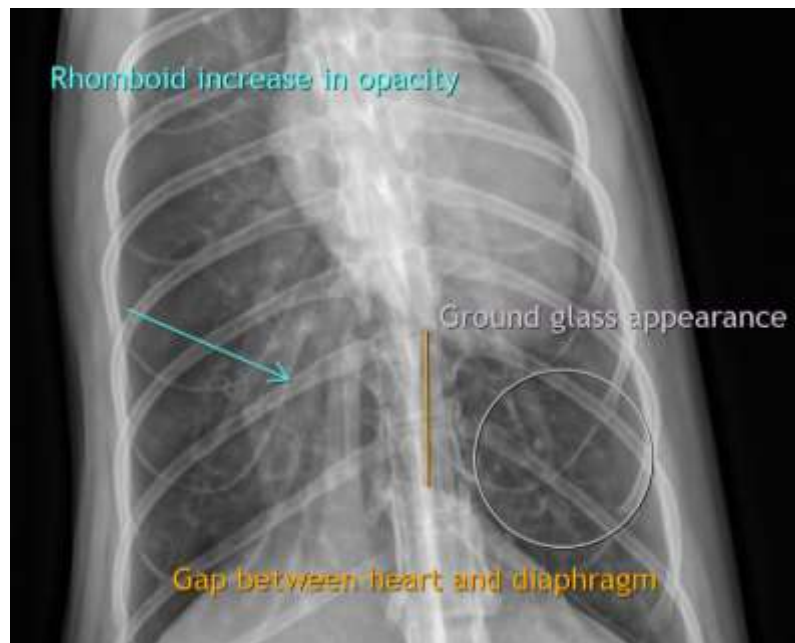
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**BREED**

DSH

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

**SEX**

Female

**AGE**

11 Months

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Dr. med. Vet.,  
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