

**PATIENT**

Tut Kearney

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

MN

**AGE**

8.5 Years

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Petworks Veterinary  
Hospital**REFERRING VET**

Dr Trudeau

**INVOICE**

47788

**DATE**

10-13-21

**PRESENTING CLINICAL SIGNS**

has been coughing with trying to "hack" something up and it sounds moist; there is mild- mod wheezing on tracheal auscultation and bilateral mild wheezing in the lungs; Gr 2-3/6 cardiac murmur - PMI sternum; currently on no medications

Abnormal PE/Chem/CBC/UA Results: x-rays attached

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal views totaling 3 images available for review.

**RADIOGRAPHIC FINDINGS**

Mild T12/13 and T13/L1 spondyloses are seen.

The chest is expanded, and barrel shaped instead of the typical funnel shape in cats. The ribs are diverging ventrally.

Moderate cardiomegaly is seen with left atrial enlargement. The vertebral heart score is 9.6; upper reference is 8.5 in cats.

A moderate vascular lung pattern is noted. There is diffuse increase in interstitial opacity accentuating the dorsal and caudal lung.

**RADIOGRAPHIC DIAGNOSIS**

- Cardiomegaly with left atrial enlargement.
- Vascular lung pattern.
- Incipient cardiogenic pulmonary edema.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings are strongly suggestive for mitral valve regurgitation with vascular dilation and emerging cardiogenic pulmonary edema. Significant overall enlargement of the cardiac silhouette with left atrial enlargement is noted. If possible, an echocardiogram would be ideal for a more detailed assessment and to further define the underlying cause of the radiographic changes which cardiomyopathy is a primary differential diagnosis for.



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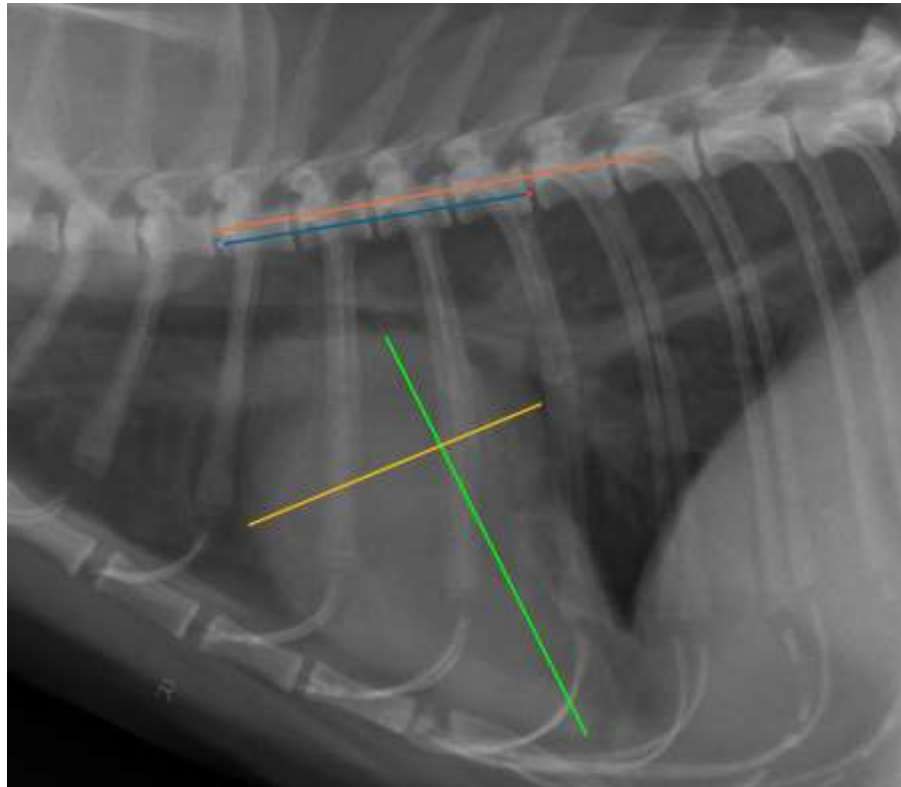
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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