



PATIENT

Holly Rathbone

SPECIES

Feline

BREED

Sphynx

SEX

Female

AGE

5M, 10D

WEIGHT

6.32

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

DTLAvets

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

74393

DATE

3-30-26

PRESENTING CLINICAL SIGNS

routine survey CXR prior to anesthesia for OVH; echo performed today out of an abundance of caution given breed and prior to anesthesia; echo today revealed hyperechoic papillary muscles - R/O normal variation VS occult cardiac dz; pls comment on ribs #1 L and R

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The VHS is 7.5 which is within normal limits for age and breed. No evidence of atrial enlargement is seen.

The pulmonary parenchyma presents within normal limits. Pulmonary vasculature is normal.

A small thymic remnant contributes to cranioventral mediastinal opacity which is appropriate for age.

Bilateral first ribs present flaring, closed medullary cavities, and medullary sclerosis.

No additional abnormalities are seen.

RADIOGRAPHIC DIAGNOSIS

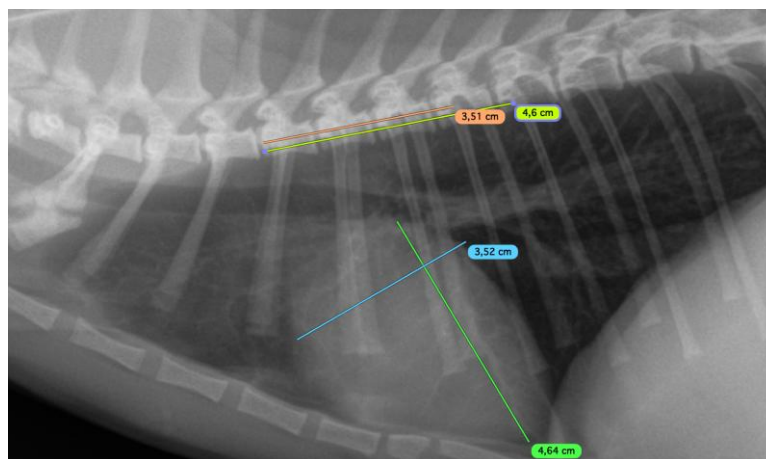
- Bilateral first rib deformity with cortical medullary hyperostosis likely congenital or post-traumatic. No acute fracture seen.
- Otherwise normal thorax including lung, heart, and mediastinum.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The rib changes are likely incidental and unlikely to impact anesthesia. Chronic post-traumatic changes or congenital hyperostosis are primary differential diagnoses.

A small thymic remnant is expected in a 5 month old kitten. Thoracic structures are otherwise unremarkable including pulmonary parenchyma and cardiac silhouette.

Echocardiographic papillary muscle appearance follow up is recommended in routine intervals.





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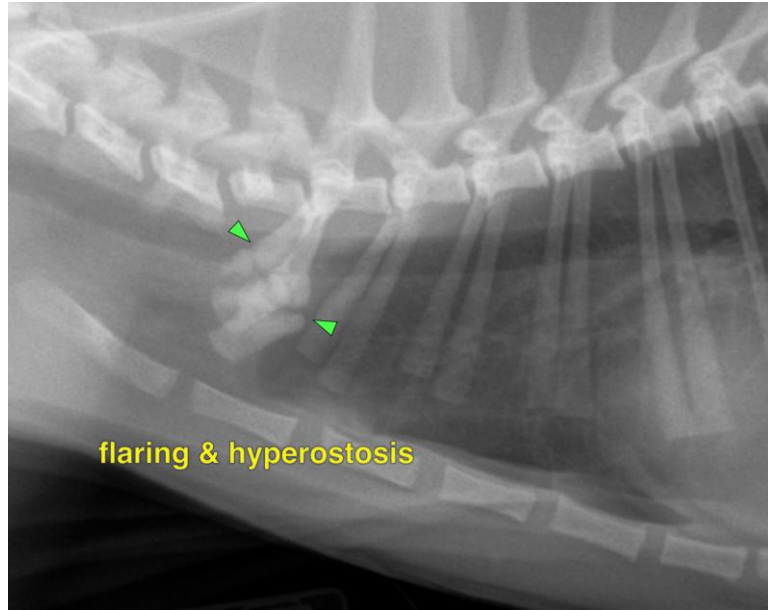
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka), DVM, Dr. med. vet., DipECVDI

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