



**PATIENT PRESENTING CLINICAL SIGNS**

Sunday Nichols

Symptoms began about 2 weeks ago. Drooling, not eating well, less active. Seeming to have trouble eating. Seems like she wants to eat, but when tries to will take a few licks of canned or a few dry kibble and will run away from the food bowl area and hide under couch which is unlike her. Normal labs and no foreign bodies noted on xrays. Added Gabapentin and then will eat more. Does still seem to have trouble swallowing even with Gabapentin, will only take dry food a few pieces at a time and only on a blanket or bed, not a shiny flat surface. Doesn't use teeth to pick up food, seems to try to lick up the kibble with tongue. Did have 3 episodes that owner observed, 2 times after giving a medication and one time after cat ate a few licks of canned food where her neck went to the right almost like she couldn't hold her head up, but looked like she was presenting to have a seizure, came out of it in a few seconds. On a side note she sounds congested mostly in the upper airways/nasal area, lungs don't appear to be affected. She is not breathing out of her nose at all. Since they've had her (3 years) she's had a very loud purr, but now possibly associating that with the current issue?

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**RADIOGRAPHIC STUDY OF THE THORAX AND COLLIMATED ABDOMEN (WHOLE BODY)**

Radiographs of the thorax and collimated abdomen in three imaging planes are provided for review.

**AGE**

11

**RADIOGRAPHIC FINDINGS**

The visible portion of the nasopharynx and laryngeal saccules are normal.

The trachea is normal.

**INTERPRETED BY**

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A small amount of intraluminal gas is seen within the cervical and thoracic esophagus on both lateral views.

The pulmonary parenchyma and pulmonary vessels are normal.

The cardiac silhouette is of normal to minimally increased overall size with moderate pericardial fat. It is in a more horizontal position and develops increased sternal contact on the lateral views (VHS 7.9). The aortic arch is visible as a rounded bulge at the cranial aspect of the cardiac silhouette on the ventrodorsal view.

**HOSPITAL NAME**

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The pleural space and mediastinum are normal.

**REFERRING VET**

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The caudal ventral margins of the hepatic silhouette are mildly elongated and convex in peripheral contour.

The stomach is moderately distended and predominately gas filled.

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The remainder of the abdomen is normal.

Moderate periarticular ossification is seen in both elbow joints.

**DATE**

2-22-23

The remainder of the collimated musculoskeletal structures are unremarkable.



**PATIENT**      **RADIOGRAPHIC DIAGNOSIS**

- Sunday Nichols
- Normal pulmonary parenchyma.
  - Normal heart size with pericardial fat. Other differential diagnosis includes less likely mild cardiomegaly (e.g., compensated nonspecific cardiomyopathy).
- SPECIES**
- Feline
- The variation in the cardiac orientation and aortic arch is correlated to geriatric change. Differential diagnosis includes systemic hypertension.
  - Esophageal and gastric intraluminal gas-filled dilatation is probably correlated to aerophagia. Differential diagnosis includes less likely esophageal reflux or esophagitis.
  - Normal cervical airway structures.
- BREED**
- DSH
- Hepatomegaly. Differential diagnosis includes metabolic vacuolar changes (feline lipidosis, endocrinopathy), inflammatory, or infiltrative diseases.
  - Bilateral elbow osteoarthritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- SEX**
- Female
- The airway structures and pulmonary parenchyma are normal. There is evidence of aerophagia, otherwise, no other abnormalities to correlate to the clinical signs of the patient are seen. Consider a dental/oral exam because of the difficulty to capture food. If the clinical signs persist, an endoscopy or cross-sectional imaging could be the next diagnostic approach.
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- If cardiac murmur is detected, an echocardiography may be useful in the further evaluation of the cardiac function, because of the overall mild enlargement.
- For further evaluation of the hepatomegaly, consider correlation with laboratory exams and hepatic ultrasonography.

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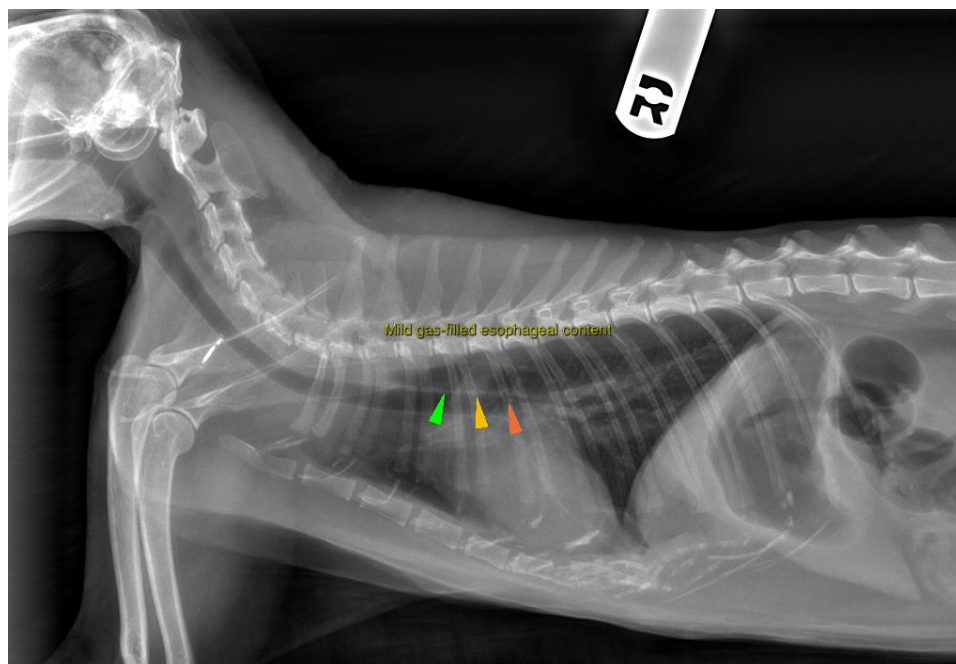
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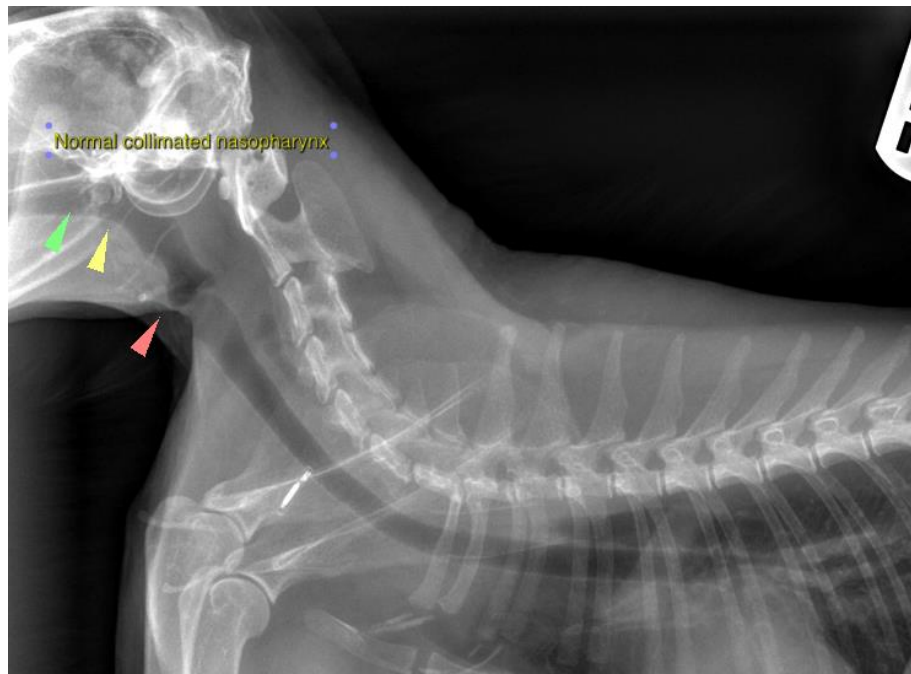
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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