



**PATIENT**

Han Rozmas

**PRESENTING CLINICAL SIGNS**

Coughing 3-4 times a week for 1 month. Seen by mobile vet Dec 2, was recommended rads.

**SPECIES**

Feline

**RADIOGRAPH OF THE THORAX**

RLR, LLR, DV

**BREED**

Maine Coon

**RADIOGRAPHIC FINDINGS**

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

**SEX**

MN

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The degree of pulmonary expansion is, for a cat, only fair. The vessels appear prominent, especially the vessels for the cranial lobes in right lateral recumbency. The vascular outline is blurred in the caudal lobes and bronchial enhancement is accompanied by doughnut and tramline formation.

The cranial mediastinum is of physiological size and opacity.

**AGE**

6 Years

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces, due to the surrounding fat it appears rather plump. No chamber or outflow tract enlargement is evident.

**INTERPRETED BY**

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

**RADIOGRAPHIC DIAGNOSIS**

- Peribronchial infiltrate
- Interstitial pattern
- Reduced lung expansion

**HOSPITAL NAME**

Sunridge Veterinary  
Clinic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings are suggestive of chronic lower airway disease. Eosinophilic/allergic bronchopneumopathy is a potential as well as infectious bronchitis such as viral, bacterial, parasitic, or protozoal.

**REFERRING VET**

Dr. Ross Duncan

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:

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

**INVOICE**

49097

**DATE**

12-16-21

Further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is necessary for differentiation. Parasitic infections, e.g. aelurostrongylus, should be ruled out with a fecal sample.

The impression of a hyperperfusion could be a result of the reduced lung expansion but pulmonary hypertension, e.g. due to fibrosis, should be considered and echocardiography is



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recommended to rule it out.

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

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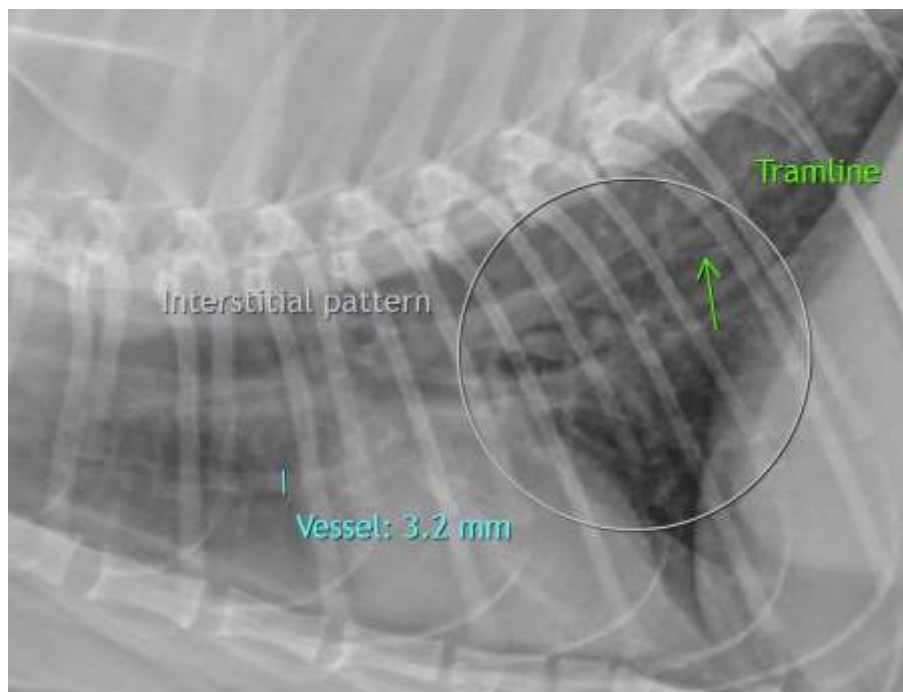
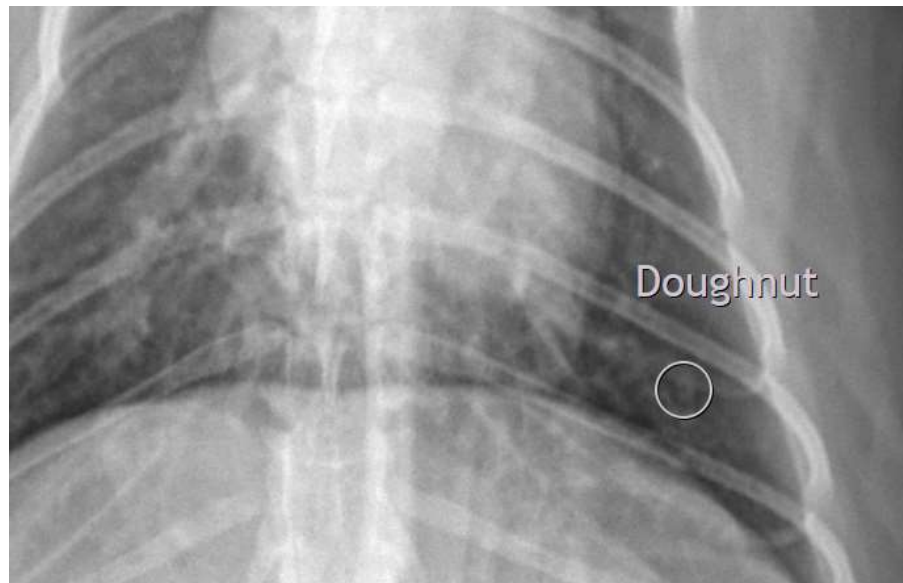
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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