



PATIENT

Coconut Huang

SPECIES

Feline

BREED

Ragdoll

SEX

Female Spayed

AGE

4Y

WEIGHT

4.45kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kamila Pichova

HOSPITAL NAME

Balmy Beach Pet
Hospital

REFERRING VET

Dr. Kamila Pichova

INVOICE

73053

DATE

12-18-25

PRESENTING CLINICAL SIGNS

Cough every day for 2 years, past 2 months the symptoms has gotten worse - the severity is worse. After water administration the patient improves. Not on any medication. Pt is very fractious, after sedation audible soft heart murmur. No open mouth breathing, not on any medication.

Abnormal PE/Chem/CBC/UA Results: Soft heart murmur noted after the sedation, the radiographs were performed during the sedation (dexmedetomidine 5mcg/kg + butorphanol 0.2mg/kg). Subjectively enlarged heart silhouette.

RADIOGRAPHS OF THE THORAX

R/L lateral and VD/DV are provided, totaling 6 radiographs for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The cranial mediastinum is of physiologic width and opacity. The trachea runs parallel to the thoracic vertebrae. The carina is elevated.

The degree of pulmonary expansion on the lateral views is fair. The lung lobes are aerated and extend to the thoracic boundaries. The outline of the pulmonary vessels is blurred and bronchi are highlighted.

The cardiac silhouette occupies 90% of the chest height and 3 intercostal spaces. On VD as well as DV views the cardiac silhouette occupies more than 2/3 of the chest width. On the DV the region of the left atrium at 2 o'clock appears prominent.

RADIOGRAPHIC DIAGNOSIS

- Cardiomegaly
- Interstitial pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An 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, viral, parasitic e.g., aelurostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)
- Edema
- Early idiopathic fibrosis

Less likely:

- Diffuse hemorrhage
- Tumor (e.g., lymphoma)

The radiographs do not clearly indicate the type of cardiac disease but in mature cats with a recent onset of signs it is likely due to cardiomyopathy. The lack of pleural effusion, ascites and hepatomegaly makes DCM unlikely. Thus, a combined form or HCM are possible. This would explain the interstitial lung component which would then be due to edema. A persistent cough for 2 years could have an allergic or viral component and may have developed into fibrosis which could have resulted in pulmonary hypertension and right sided heart disease. Echocardiography is recommended. Depending on the



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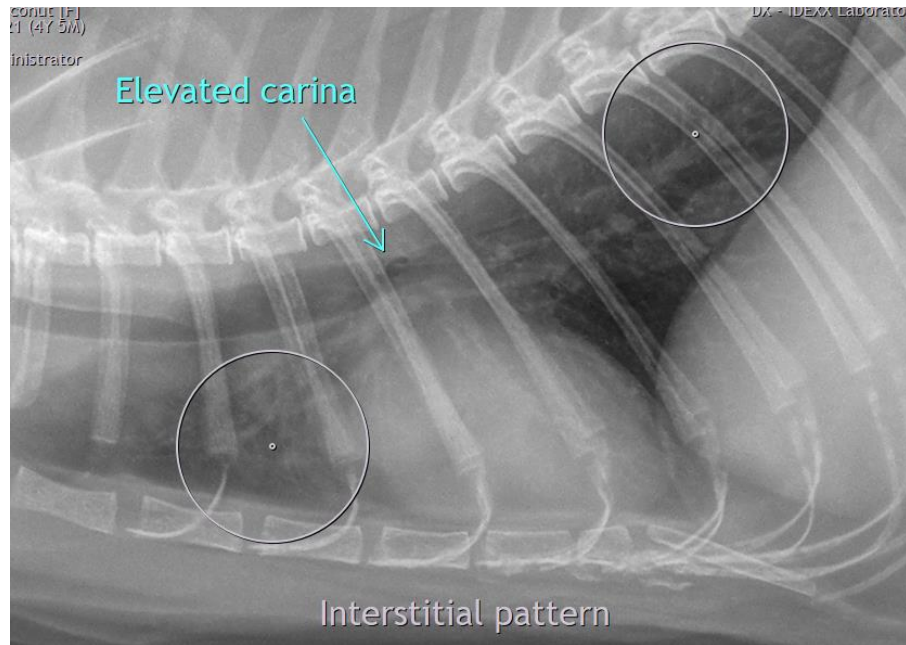
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results during this examination, bronchoscopy and BAL may have to be performed. Fecal samples should be obtained to rule out parasites.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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