



PATIENT

Gypsy Puma

SPECIES

Canine

BREED

Mountain Curr

SEX

Female Spayed

AGE

3Y

WEIGHT

76lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Travis Holland

HOSPITAL NAME

Maher Animal Hospital

REFERRING VET

Travis Holland

INVOICE

74274

DATE

3-19-26

PRESENTING CLINICAL SIGNS

Owner rescued her about 2 years ago, and since that time, she will have intermittent coughing spells. Will go several months without coughing, but then will start coughing, and it may last 1-2 days, but then will resolve on its own without treatment. This has happened about "4-5 times" since they have owned her. Always remains bright and alert with good appetite - no lethargy. This time, has been coughing for about 3 days, and did produce a small amount of blood tinged saliva or sputum this morning. Upon exam - BAR, playful, heart and lungs auscultate normally, and temperature 102.7. Nothing remarkable of note on exam. Heartworm status - negative, and on prevention.

Abnormal PE/Chem/CBC/UA Results: n/a

RADIOGRAPHS OF THE THORAX

R/L lateral and VD are provided, totaling 5 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 size and opacity. The terminal trachea diverges from the thoracic vertebrae, and the carina is located level with T5.

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery. On the left lateral recumbent view the vascular margins are blurred and bronchi highlighted just ventral to the caudal vena cava. A compatible change is not clearly outlined on the VD views.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Localized interstitial pattern R caudal lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The localized interstitial pattern is mild and could be the result of reduced ventilation due to previous right lateral recumbency. Due to bringing up blood on the last coughing episode, further studies are indicated and thus bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. During the same G.A. pharynx and larynx should be visually examined to rule out foreign body, tonsillar mass and laryngeal inflammation. Trachea and bronchi should be inspected for small traces of blood so that the wash can be guided into specific lobes. Fecal samples should be obtained to rule out parasites (e.g., angiostrongylus)



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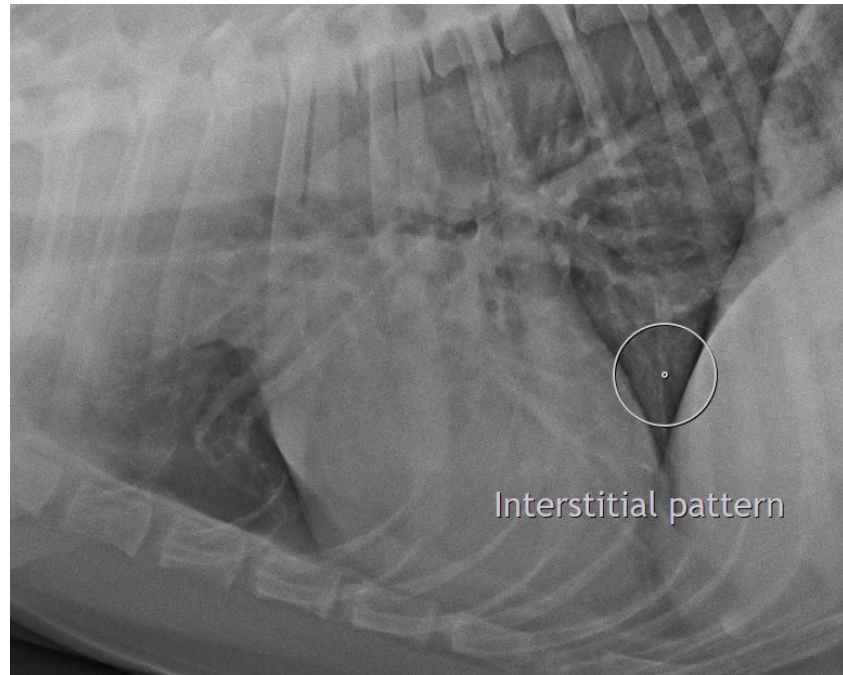
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com