



PATIENT

Kuli Mohammed

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

1 Years

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Iyana

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Feldt

INVOICE

16453

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Coughing for about a month

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: No murmur, lungs clear Assessment: Coughing - r/o Feline allergic Bronchitis/asthma

RADIOGRAPHIC STUDY OF THE THORAX

R/L lateral and VD are provided, totaling 3 radiographs for interpretation.

22.05.2026

RADIOGRAPHIC FINDINGS

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

The bony structures appear physiological. Open growth plates are visible.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The cardiac silhouette is elevated from the sternum by fat. It occupies 80% of the chest height and 2 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

The degree of pulmonary expansion is fair at best. The lung lobes extend to the thoracic boundaries. On the VD view the right caudal lobar bronchus is well outlined and shows localized increase in opacity on its lateral aspect between ribs 9 and 10; in its continuation over the diaphragm the walls appear thick. A loss of clear vascular outline with bronchial enhancement is evident in the lobar tip. Some doughnuts are visible in the left caudal lobe.

RADIOGRAPHIC DIAGNOSIS

R caudal lobe

- Prominent bronchus
- Peripheral infiltrate
- Mixed lung pattern

Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes on the right could represent a foreign body reaction. Peribronchial infiltrate can be due to inflammation (eosinophil) or infection. The cat is rather young for feline Asthma thus the left sided infiltrate could be a result of the right caudal lobar changes. However, poor inspiration and obesity make interpretation of the changes difficult. Tracheobronchoscopy with BAL is recommended. Samples should be submitted for bacteriology and cytology.

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



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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
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