



**PATIENT PRESENTING CLINICAL SIGNS**

Bonny Home At Last Rescue

History: History of chronic cough; previous therapy with doxycycline (no clinical change), broad-spectrum dewormer (Milbemax, 2 treatments); echocardiogram in May 2021 normal. Previously a stray cat for > 8 yrs, was adopted in March 2021, has had chronic cough (2-3 x per day) since adoption. Heartworm Antigen and Antibody negative. Previous radiographs showed diffuse bronchial pulmonary pattern. DDx: allergic bronchitis/asthma, vs toxoplasma-associated bronchitis, less likely lungworm infection

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Mild peripheral eosinophilia Baermann and Toxoplasma titres pending.

**BREED**

**RADIOGRAPHIC STUDY OF THE THORAX**

DSH

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

**SEX**

The bony structures appear physiological.

Female

The lungs are in contact with the thoracic boundaries and the tips are pointed. The vascular outline is blurred. Tramlines and doughnuts are evident. In the caudal lobes areas of tubular consolidation is evident. The degree of pulmonary expansion is fair.

**AGE**

10 Years

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5/6.

The cardiac silhouette is elevated from the sternum by fat. It occupies 75% of the chest height and two intercostal spaces. No chamber or outflow tract enlargement is obvious.

**INTERPRETED BY**

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

**RADIOGRAPHIC DIAGNOSIS**

- Peribronchial infiltrate
- Interstitial component

**HOSPITAL NAME**

Animal Health Partners

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lung pattern indicates bronchitis. Primary inflammatory, non-infectious causes (e.g. neutrophilic, eosinophilic, allergic), as well as infectious causes (bacterial, viral, parasitic) need to be considered. The tubular opacification most likely represents bronchial plugging (Tree in bud sign) and the interstitial infiltrate could be due to interstitial or organizing pneumonia. In the presence of negative result for most infectious diseases and a peripheral eosinophilia, eosinophilic bronchitis is the most likely diagnosis. Bronchoscopy including BAL is necessary for a definitive diagnosis.

**REFERRING VET**

Dr. Ashley Gold

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

**INVOICE**

13101

**DATE**

9/15/21



**PATIENT**

Bonny Home At Last  
Rescue



**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

10 Years

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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**HOSPITAL NAME**

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Partners

**REFERRING VET**

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