



PATIENT

Lucy Calhoon

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10Y

WEIGHT

10.31lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDF

IMAGING PERFORMED BY

Faith Animal Care

HOSPITAL NAME

Faith Animal Care

REFERRING VET

Dr. Faith

INVOICE

73747

DATE

2-16-26

PRESENTING CLINICAL SIGNS

- Patient does have a history of coughing that is treated with a low dose of pred. Coughing has worsened and now not responding as well to pred
- Bloodwork done in November 2025 showed mild basophilia (Possible allergies or respiratory dz) and her T4 was borderline
- Bloodwork was repeated today, results still pending. Cardiopet Pro BNP was included
- Rads: R/O allergic/infectious vs cardiac dz

RADIOGRAPHIC STUDY OF THE THORAX

Right lateral and ventrodorsal views totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

A moderate generalized bronchial lung pattern characterized by bronchial wall thickening and increased visibility of the bronchial markings is seen. There is no evidence of focal alveolar consolidation, nodules, or masses identified.

The cardiac silhouette is within normal size and shape. The VHS is approximately 7.5 which is within normal limits for a cat. Pulmonary vasculature is normal in caliber and distribution. No evidence of venous congestion is seen.

There is no evidence of pleural effusion.

The trachea is normal in diameter and position.

The mediastinum is unremarkable. No evidence of lymphadenopathy is seen.

RADIOGRAPHIC DIAGNOSIS

- Moderate bronchial pulmonary pattern most consistent with chronic inflammatory lower airway disease.
- No radiographic evidence of cardiogenic pulmonary edema or cardiac enlargement.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The bronchial pattern and clinical history of steroid responsive coughing strongly support allergic feline lower airway disease. The recent decrease in response to prednisone may reflect progression of chronic airway inflammation or remodeling, need for adjustment in anti-inflammatory therapy, or delivery method, concurrent airway infection such as secondary bacterial or mycoplasma, and less likely parasitic or allergic triggers. The normal cardiac silhouette and vasculature make congestive heart failure unlikely.

Correlation with the pending Pro BNP test is appropriate to further exclude occult cardiomyopathy particularly given the patient's age. Transitioning to or adding inhaled corticosteroid therapy, bronchodilator therapy, and other can be considered. Environmental modification may help reduce airway irritation. Radiographic recheck is recommended if there is poor clinical response or acute deterioration.



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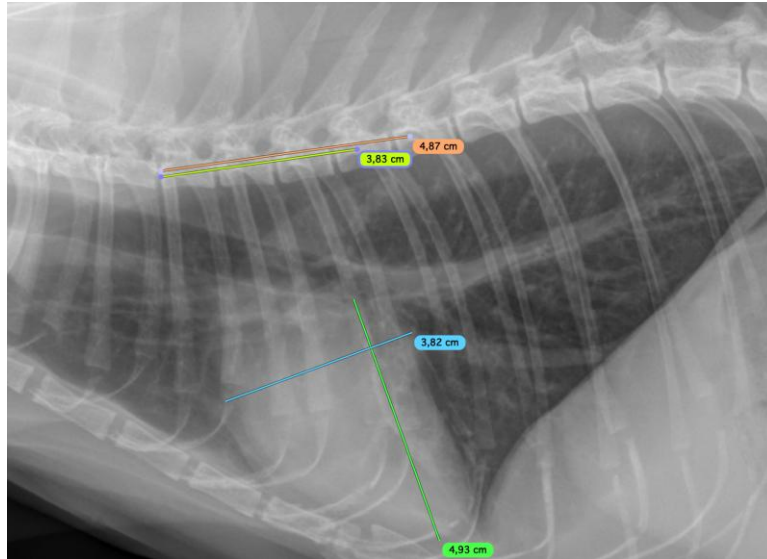
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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