



PATIENT

Molly Peterson

SPECIES

Canine

BREED

Vizsla X

SEX

SF

AGE

14Y

WEIGHT

35

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin, LVT

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Miranda Thomassen

INVOICE

73331

DATE

1-14-26

PRESENTING CLINICAL SIGNS

-possible seizure event today with prolonged lethargy after
finding -lymph nodes palpate normal

RADIOGRAPHS OF THE THORAX

R/L lateral and VD as well as a R lateral neck are provided, totaling 4 radiographs for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

Small bony proliferations are located on one caudal shoulder joint.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5. A small amount of air is located in the cranial thoracic esophagus.

The lung lobes are well aerated and extend to the thoracic boundaries. On both lateral views the cranio-ventral lung shows a loss of the clear vascular outline and bronchi are highlighted. Pulmonary vessels are well outlined to the tertiary branches on the VD view. The bronchial tree is thin walled and tapers towards the periphery. The walls are centrally calcified.

On both lateral views the cranial diaphragmatic outline resembles the cranial aspect of a figure of 8.

The cardiac silhouette is tilted cranially and occupies 65% of the chest height The width is approx. 2.5 intercostal spaces (VHS=10.5). Chamber or outflow tract enlargement is not obvious.

Neck

A round, soft tissue opacity is located just caudal to the cricopharyngeal sphincter in left lateral recumbency. In right lateral recumbency the structure appears to be more triangular. A soft tissue swelling is located ventral to the larynx.

RADIOGRAPHIC DIAGNOSIS

- Possible mass caudal cricopharyngeal sphincter
- Interstitial pattern cranio-ventral lobes
- Bronchial wall calcification

Incidental finding:

- Shoulder arthrosis, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no metastases. An interstitial lung pattern is a non-specific finding and accentuated by the superimposed muscles of the foreleg. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy)
- Early idiopathic fibrosis
- Edema
- Diffuse hemorrhage
- Tumor (e.g., lymphoma)



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Fecal samples can be obtained to rule out parasites. Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is necessary; samples should be submitted for bacteriological and cytological examination.

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The mass lesion in the cranial cervical esophagus could be part of an enlarged cricopharyngeal sphincter, but further examinations (liquid Barium swallow, esophagoscopy) are recommended in case clinical signs suggest swallowing problems.

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Ultrasonographic assessment of the ventral laryngeal mass is recommended. This can be followed by sampling and/or a contrast CT examination.

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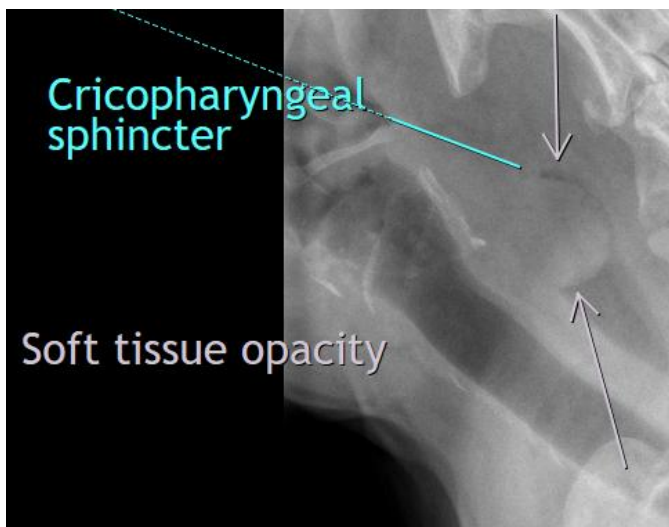
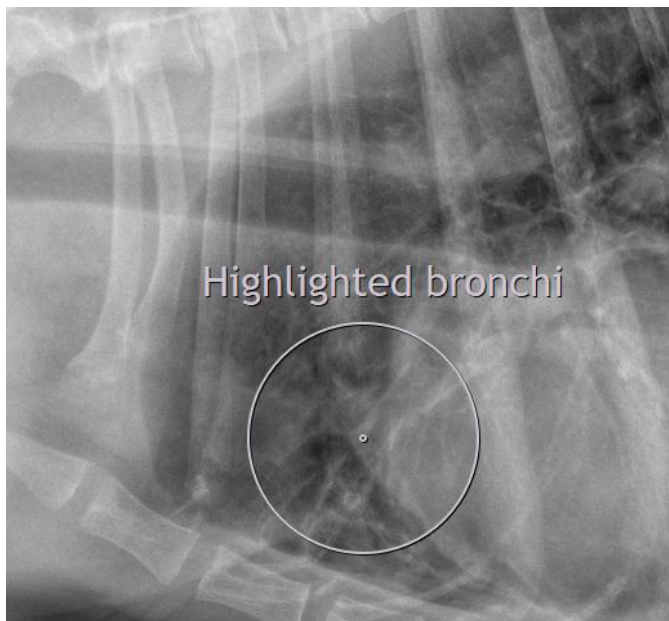
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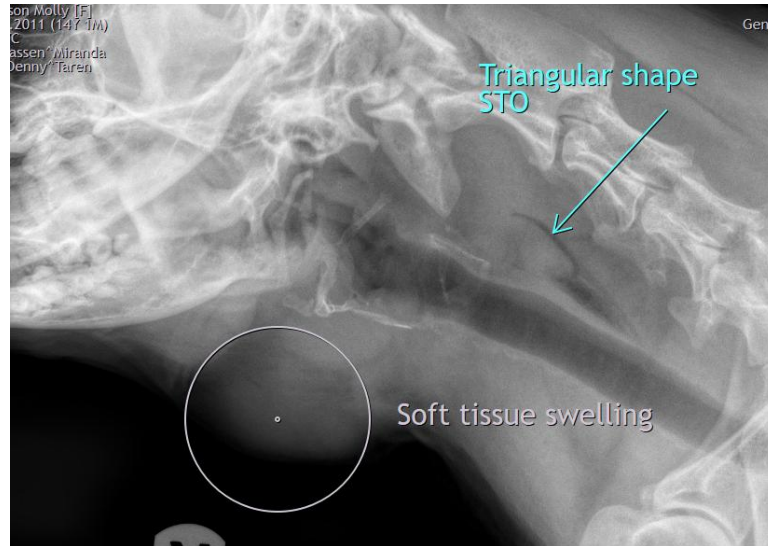
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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