

PATIENT

Artemis Shepard

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

8 Years 3 Months

WEIGHT

39 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Taren, LVT

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Dr. Rotthaus

INVOICE

35449

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Patient was presented on 12/29 for coughing and sneezing thick, clear mucus. Patient was treated for kennel cough. Was treated with temaril P and amoxicillin with minimal improvement. Patient was presented again on 1/6 and x-rays were taken. Temaril P was sent home, and owner has noticed no improvement. Patient has normal energy level and continues to eat and drink.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6-7/9 with smooth, alternating layers of fat and soft tissue opacity.

Spondylosis is present T4/5 and L2/3. A calcified opacity is located cranial to the costochondral junction of rib 4 in left lateral recumbency only.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5/6. Air is present in the cervical esophagus and causes ventral deviation of the trachea at that level.

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined but the walls of the tertiary branches are blurred in the caudal lobes, especially on the right. The bronchial tree is thin walled and tapers towards the periphery. Thin-walled doughnuts are evident in the caudo-dorsal lungs field in right lateral recumbency.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Mild peribronchial thickening
- Deviation cervical trachea

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

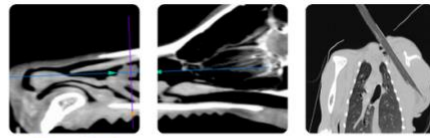
- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)
- Edema

Less likely

- Diffuse hemorrhage
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

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

The localized tracheal deviation and esophageal distension is likely an incidental finding. However, should clinical signs relate to esophageal or gastric disease arise, this may need to be investigated further.



PATIENT

Artemis Shepard

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

8 Years 3 Months

WEIGHT

39 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Taren, LVT

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Dr. Rotthaus

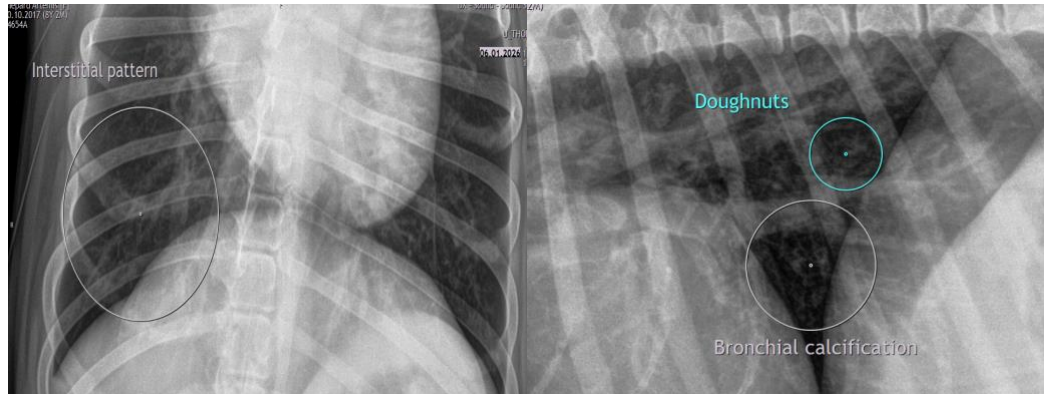
INVOICE

35449

DATE

1/16/26

A cause for mucoid nasal discharge is inflammation, and differential diagnoses include allergies, viral disease, infection and idiopathic lymphoplasmacytic rhinitis. As there was no result to antibiotic treatment, rhinoscopy with sampling for histopathology is recommended.



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