



## PATIENT

Coco Alfaro

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

11.4 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Valentina

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

Dr. Feldt

## INVOICE

35451

## DATE

1/17/26

## PRESENTING CLINICAL SIGNS

History: Soft tissue sarcoma with mets to lungs and liver, possible concurrent aspiration pneumonia - Owner reports Coco has a worsening dry cough, most notably starting at 3:30am today. - CT on 1/12/25 and X-rays 1/9/25 showed metastatic lung cancer with sternal and perihilar LN involvement, possible aspiration pneumonia right cranial lung lobe, lesion within liver and aggressive lesions within sternabra suggestive of an aggressive sarcoma. Currently being treated with marbofloxacin, 50 mg once daily for seven days (currently on day 4). Once aspiration pneumonia resolved plan is to start on Palladia for palliative care

Abnormal PE/Chem/CBC/UA Results: ASSESSMENT 1. Worsening dry cough r/o pneumonia vs. neoplastic airway involvement vs. post-intubation tracheitis. 2. Decreased appetite and water intake r/o antibiotic adverse effects vs. systemic illness. 3. Metastatic soft tissue sarcoma 4. History suspect aspiration pneumonia.

## RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7/9. One cutaneous, semicircular fat opacity is present in the region of the floating ribs.

Xiphisternum appears to be absent, the last sternebra is deformed. The space between the last 2 sternebrae is increased and new bone visible on the ventral aspects.

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 degree of pulmonary expansion is fair at best. The lung lobes are slightly displaced from the thoracic boundaries by fat. On the one labelled right a 1cm diameter soft tissue opacity is superimposed onto the aorta level with T4; a second larger, but less well defined one appears to be superimposed onto ascending aorta and terminal trachea. On the VD view left cranial the lobar consolidation is more circumscribed and oval, still located level with the scapula. This may represent the opacity detected overlying asc. aorta and trachea in right lateral recumbency. A general decrease of the clear vascular outline is present and bronchi are highlighted. A generalized mixed lung infiltrate appears now with a localized alveolar pattern in the right caudal lobes. Multiple nodules (up to pea sized) are present in the pulmonary parenchyma.

The cardiac silhouette occupies 75% of the chest height and approx. 2 intercostal spaces; the cranial border is obscured by the lung pathology. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Mixed pulmonary infiltrate
- Pulmonary nodules, more numerous
- Pulmonary hypoinflation
- Sternal anomaly

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are similar to the study from 09.01.2026 but the masses are now more numerous and larger. The other pulmonary changes could represent multiple, confluent metastases or additional inflammation/infection. The poor lung expansion can be due to the infiltrate, lung fibrosis or the abdominal mass affect. Considering the increased severity of the clinical signs I feel growing metastases and fibrosis are likely. Antibiotic can be combined with steroid treatment. However, I feel the prognosis is poor when the clinical signs deteriorate so rapidly.



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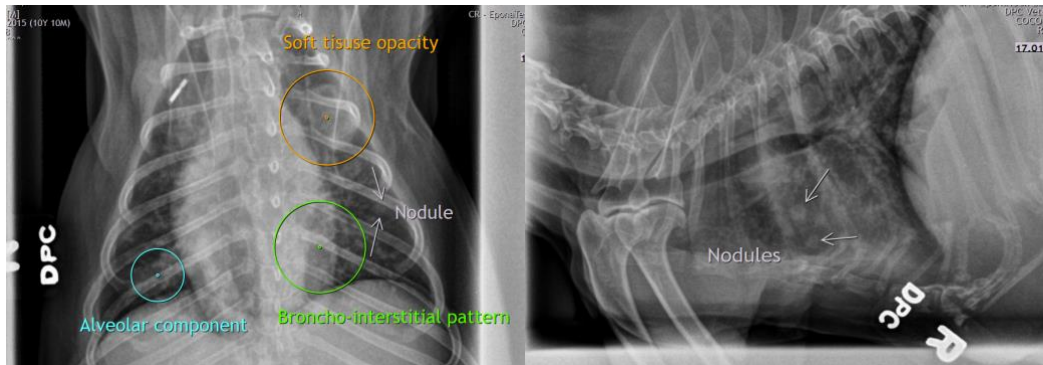
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
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