



## PATIENT

Sophie Murphy

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

10Y, 9M

## WEIGHT

16

## INTERPRETED BY

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

## IMAGING PERFORMED BY

J. Jill Heatley, DVM

## HOSPITAL NAME

All Pets Medical  
Center

## REFERRING VET

J. Jill Heatley, DVM

## INVOICE

73422

## DATE

1-21-26

## PRESENTING CLINICAL SIGNS

Degenerative mitral and tricuspid valve disease, ACVIM stage B2 cardiac insufficiency. Normotensive and currently on Vetmedin, Vetoryl, Thyroxine, and Fish oil.

Average systolic blood pressure collected on 1/21/26 is normal at 119 mm Hg (reference <160 mm Hg).

WT: 16 lbs; Temperature: 101.6 (normal range is 99.5 F- 102.0 F); Heart Rate: 112 bpm (normal is 70-80); Respiratory Rate: 32 bpm (normal is 15-25); Mucous Membrane Color: pink; Capillary Refill Time: <2; Flea check: neg -CF2/CF2

## RADIOGRAPHS OF THE THORAX

R/L lateral and VD are provided, totaling 4 radiographs for interpretation.

## RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with localized subcutaneous masses along the right chest wall and on the left level with rib 4-6. Dorsal to T4 a mineralized, round structure is present in the subcutaneous (s.c.) tissue.

Mild spondylosis is present ventral T5/6.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae; trachea and carina are elevated.

The degree of pulmonary expansion is fair, and the cupola is superimposed onto the caudal heart border. Pulmonary vessels are visible; on the VD the vascular margins are blurred in the right caudal lobe, level with the caudal vena cava (CVC).

The cardiac silhouette occupies 90% of the chest height and 4 intercostal spaces (VHS= 13). The caudal heart border is straight, and tenting of the left atrium is present. A bulge is present at 3 o'clock and the main stem bronchi are laterally displaced and straight.

## RADIOGRAPHIC DIAGNOSIS

- Cardiomegaly, left more than right
- Localized interstitial component

Incidental findings:

- Chest wall lipomata
- Mineralized s.c. structure, dorsal to T4
- Spondylosis, mild

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiomegaly is compatible with the AV valve insufficiencies described in the history. The localized interstitial pattern could be due to a previous right lateral recumbency or may represent an infiltrate. In combination with the cardiomegaly edema is likely but other diseases are possible (e.g., parasitic, inflammatory, infectious). A reduced pulmonary expansion can be due to lung fibrosis or increased abdominal pressure as occurs with, e.g., a large amount of intraabdominal fat. Obesity is known to worsen clinical signs of cough and impair lung function; weight control is recommended.



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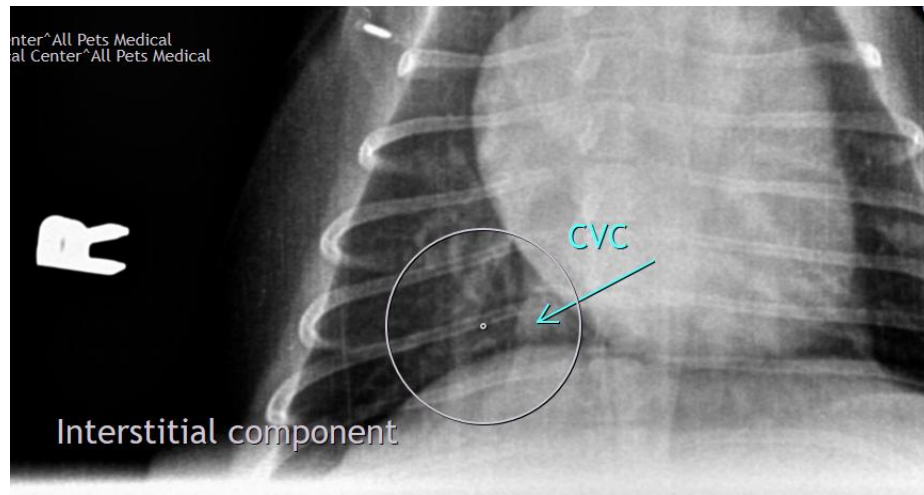
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)