



PATIENT

Bear Vassell

SPECIES

Canine

BREED

Shih Tzu/Poodle Mix

SEX

Male Neutered

AGE

13.6Y

WEIGHT

14lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abina Glennon

HOSPITAL NAME

New Bridge Veterinary
Practice

REFERRING VET

Dr. Abina Glennon

INVOICE

73156

DATE

1-5-26

PRESENTING CLINICAL SIGNS

Abdominal respiration and coughing

RADIOGRAPHS OF THE THORAX

One lateral radiograph is provided for interpretation.

RADIOGRAPHIC FINDINGS

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

A bony spur is located on one caudal humeral head.

The thoracic trachea runs parallel to the thoracic vertebrae and the main stem bronchi are visible. The diameter between cervical and thoracic trachea varies

The degree of pulmonary expansion is fair at best. The lung lobes extend to the thoracic boundaries. Only the primary vessels for the cranial lobes are clearly outlined.

The cardiac silhouette occupies 85% of the chest height and 3.5 intercostal spaces (VHS = 11). Left sided chamber enlargement is not obvious.

Mineral sediment is located in the region of the pylorus. The liver extends beyond the costal arch, and the tip of the ventral lobe is rounded

RADIOGRAPHIC DIAGNOSIS

- Reduced pulmonary inflation
- Interstitial pattern
- Variation tracheal air space

Incidental findings:

- Shoulder arthrosis, mild
- Sediment (likely pyloric)
- Hepatomegaly, mild

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:

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

Fecal samples should be obtained to rule out parasites. For the diagnosis of fibrosis infection and inflammation should be ruled out with the aid of broncho-alveolar lavage; the obtained samples should be submitted for bacteriological and cytological examination.



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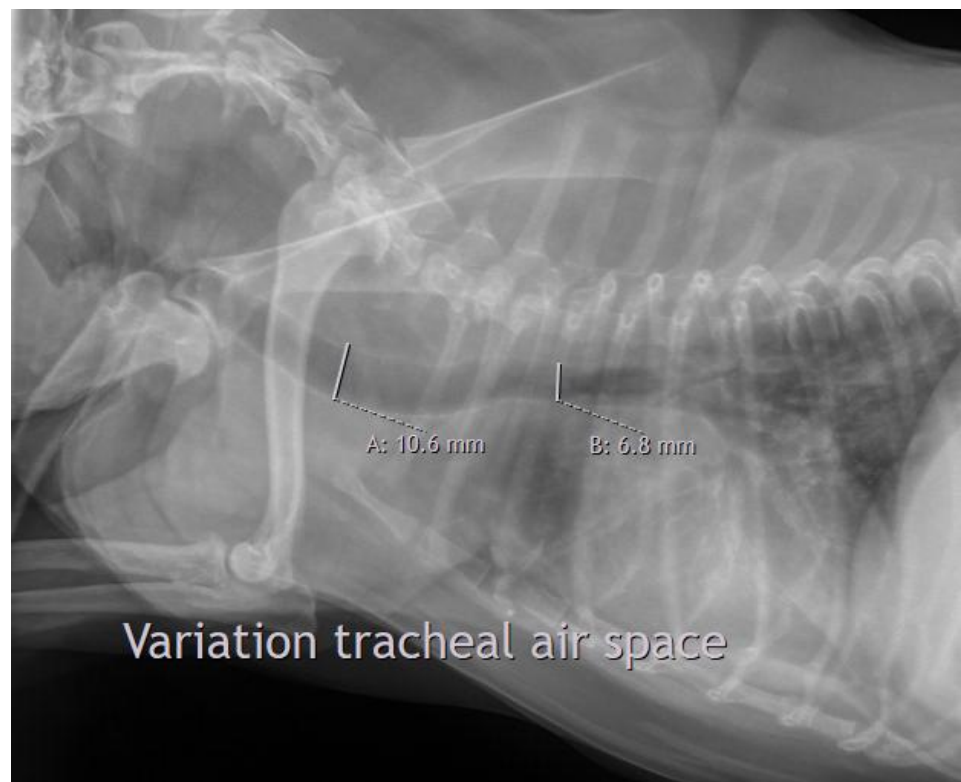
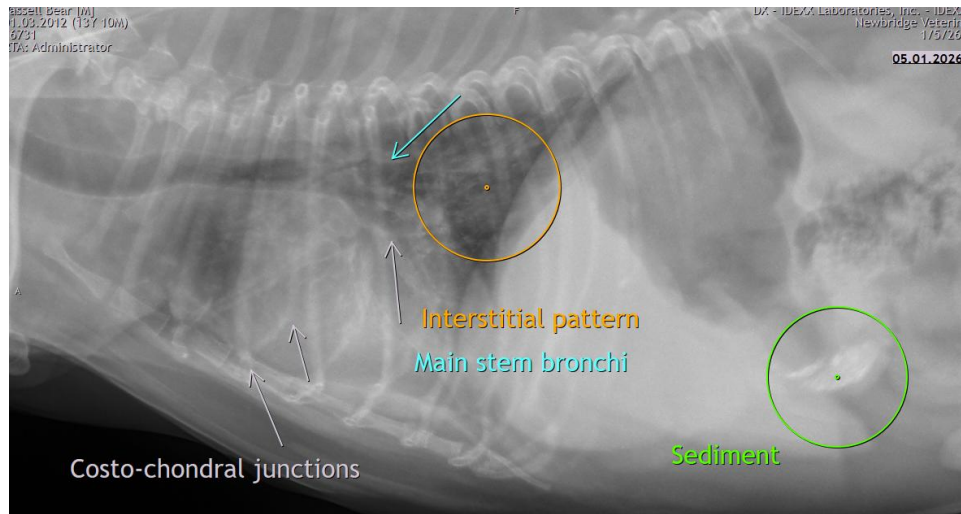
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Variation in tracheal size and air space can be due to the respiratory movement or may represent increased pulmonary resistance. Echocardiography can help identify tricuspid and/or pulmonary regurgitation.





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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