



PATIENT

Coco Alfaro

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years 9 Months

WEIGHT

11.40

INTERPRETED BY

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

IMAGING PERFORMED BY

Brooke

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

35327

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Owner came in for abdominal ultrasound and requested thoracic radiographs due to pets chronic cough.

Abnormal PE/Chem/CBC/UA Results: Heart auscultates with a grade 3/6, L-sided systolic murmur noted.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9. One cutaneous, semicircular fat opacity is present in the region of the floating ribs.

A xiphisternum is absent, the last sternebra is short and mildly wedge shaped.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The degree of pulmonary expansion is fair at best. The lung lobes extend to the thoracic boundaries. A loss of clear vascular outline is accompanied by bronchial enhancement. On the view labelled left, three nodular opacities are present. 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 lobar consolidation is located level with the scapula. This may represent the opacity detected overlying asc. aorta and trachea 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

- Nodular, pulmonary opacities
- Circumscribed, alveolar infiltrate left cranial lobe
- Reduced pulmonary expansion

Incidental finding

- Congenital sternal anomaly
- Abdominal wall lipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nodular opacities can be due to metastases or granulomata. Focal pulmonary embolus can also cause a roundish increase in opacity but is usually accompanied by severe exercise intolerance and dyspnea. In combination with the mass in the region of the falciform ligament I put metastases first. Reduced pulmonary expansion can be due to pulmonary fibrosis or may be secondary due to shallow breathing caused by an abdominal mass. To confirm the imaging diagnosis, fully inspiratory views are recommended, better still a CT examination. However, further imaging can be delayed until the results of the biopsy of the abdominal mass are available.



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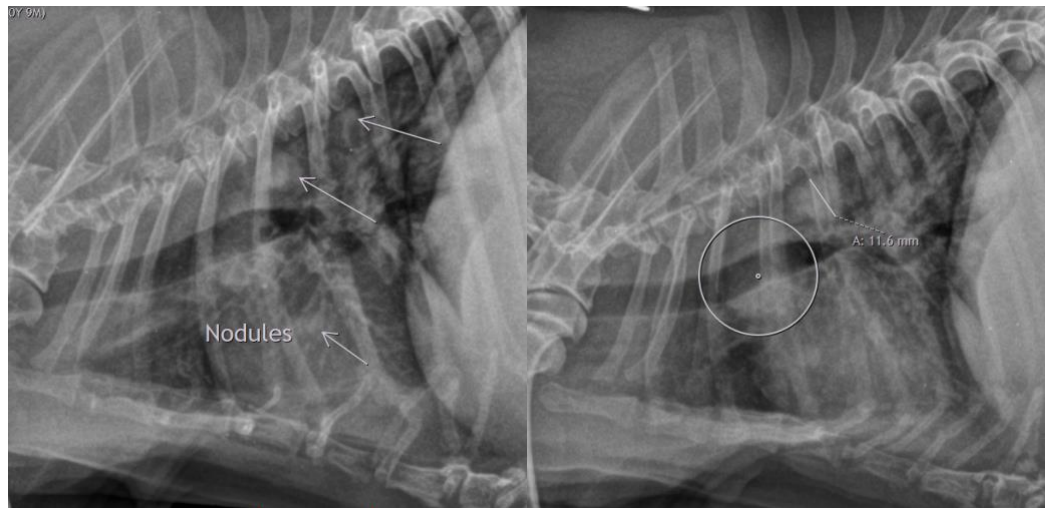
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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