

## PATIENT

Curly Stewart  
Beckenthal

## SPECIES

Canine

## BREED

Cockapoo

## SEX

Neutered Male

## AGE

16 Years

## WEIGHT

17

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kelly Burdziak

## HOSPITAL NAME

Blairstown AH

## REFERRING VET

Dr. Clegg

## INVOICE

35533

## DATE

11/14/25

## PRESENTING CLINICAL SIGNS

History: Lymphocytosis and eosinophilia. Has CHF, takes pimobendan and furosemide, spironolactone and benazepril. Clinically doing well. Radiographs taken for met check

## RADIOGRAPHIC STUDY OF THE THORAX

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

The bony structures are physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips slightly at the carina. The is generally wider than at the larynx and shows a mild, localized ventral narrowing at the thoracic inlet. Splitting of the main stem bronchi is evident in right lateral recumbency and on the DV view the main stem bronchi are laterally displaced.

The degree of pulmonary expansion is fair at best. In left lateral recumbency the main stem bronchus for the right middle lobe is surrounded by a patch of soft tissue opacity. In right lateral recumbency a thick, localized soft tissue opacity is overlying the central cardiac silhouette and continues the path of the bronchus. On the VD view this is visible on the R, overlying ribs 6 and 7 centrally. A generalized, mild loss of clear vascular outline is present and especially pronounced in the perihilar region

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces. The caudal heart border is straight, and tenting of the left atrium (LA) is present. On the DV a large bulge is located at 2-3 o'clock.

## RADIOGRAPHIC DIAGNOSIS

- L sided cardiomegaly
- Narrow bronchi
- Wide trachea
- Mild, generalized interstitial pattern
- Localized pulmonary consolidation R and L middle lobes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no pulmonary nodules. The patchy and tubular infiltrate in the region of the middle lobar bronchi is due to infiltrate on the right and may represent infiltrate or pulmonary collapse/atelectasis on the left. The infiltrate can be due to

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

which would explain lymphocytosis and eosinophilia.

Fecal samples should be obtained to rule out parasites. The wide trachea in combination with narrow bronchi could be due to bronchial collapse. Thus, bronchoscopy with broncho-alveolar lavage is recommended once clinical signs of cough or obstructive airway disease present themselves. The samples should be submitted for bacteriological and cytological examination.

The loss of clear vascular outline may be caused by edema due to the left sided failure.



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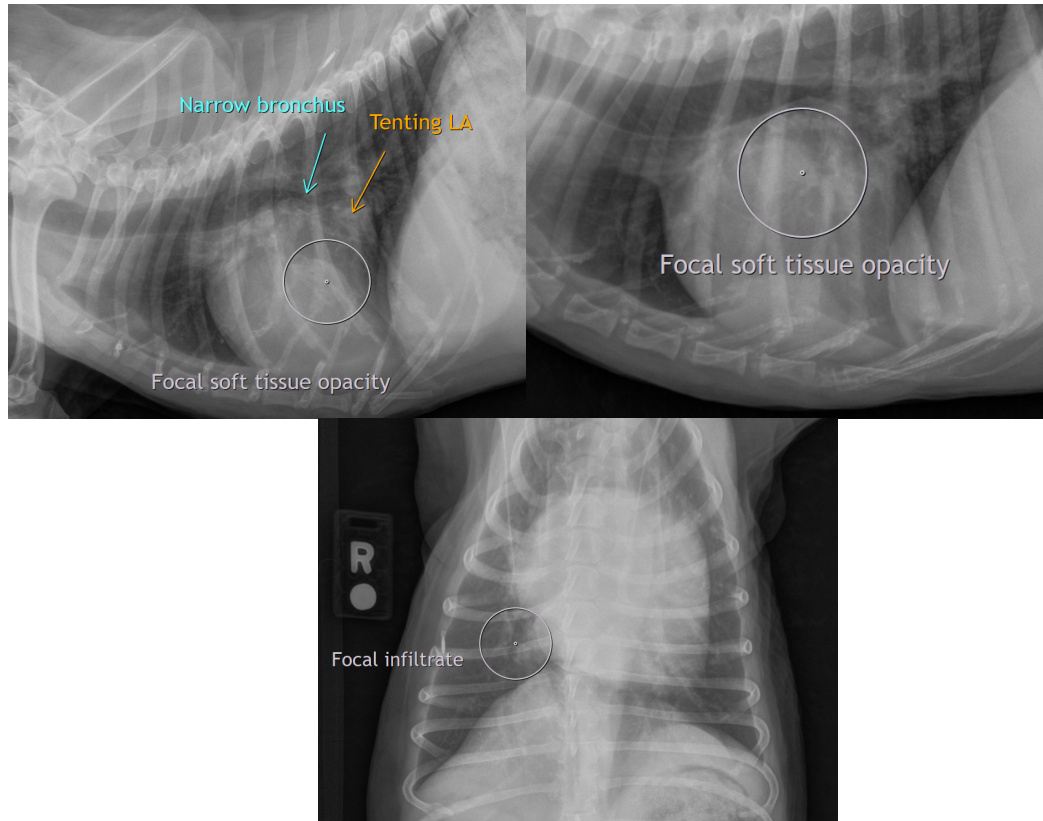
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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