



PATIENT

Lucy Kausner

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

11 Years

WEIGHT

66.5

INTERPRETED BY

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

IMAGING PERFORMED BY

DTLAvets

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

35536

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: R cd abdominal mass; soft cough first detected on Sept 1, 2025; CXR (at specialty hospital) clear for metastatic dz; cough worsened - P finally assessed at DTLA vets on Sept 13, 2025 and CXR revealed pneumonia - transferred to specialty for hospitalization but O ultimately declined hospitalization and P was discharged w Rx Clavamox - 80% improvement in cough; Upper Resp PCR was negative from Sept 13, 2025.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9. A semicircular, slightly denser fat opacity is located ventral to sternebrae 2 and 3.

A small amount of new bone has formed on some sternebrae.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located level with T6.

The degree of pulmonary expansion is good. The lung lobes extend to the thoracic boundaries and are well expanded. In right lateral recumbency a fine, honeycomb pattern is present in the ventral lobes, resulting in highlighting of some bronchi. Wall thickness of the end-on bronchi varies. Bronchial wall calcification is evident in the caudo-dorsal lung fields.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces (VHS= 10). Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Overexpansion lungs
- Broncho-interstitial pattern
- Bronchial calcification

Incidental findings

- Lipoma ventral chest wall
- New bone sternebrae

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding but in association with well expanded lungs likely represents infiltrate. Possible differential diagnoses for a true infiltrate include:

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

Mild bronchial wall thickening and interstitial pattern likely represent the same disease process. Fecal samples should be obtained to rule out parasites. Bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination.



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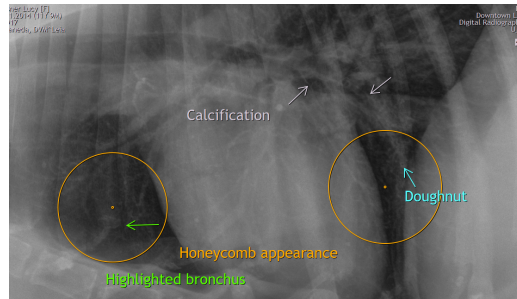
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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