

PATIENT

Luna O'Connell

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

6

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Northshore Vet Techs

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Caley Howard

INVOICE

35702

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History: Chronic intermittent cough, typically antibiotic responsive. Seems to be worse at night/at rest. Is 20 days off last course of doxycycline which helped but then the cough returned right away

Abnormal PE/Chem/CBC/UA Results: Normal exam, lung sounds, afebrile

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 at the carina.

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is generally thin walled but occasional small doughnuts are present.

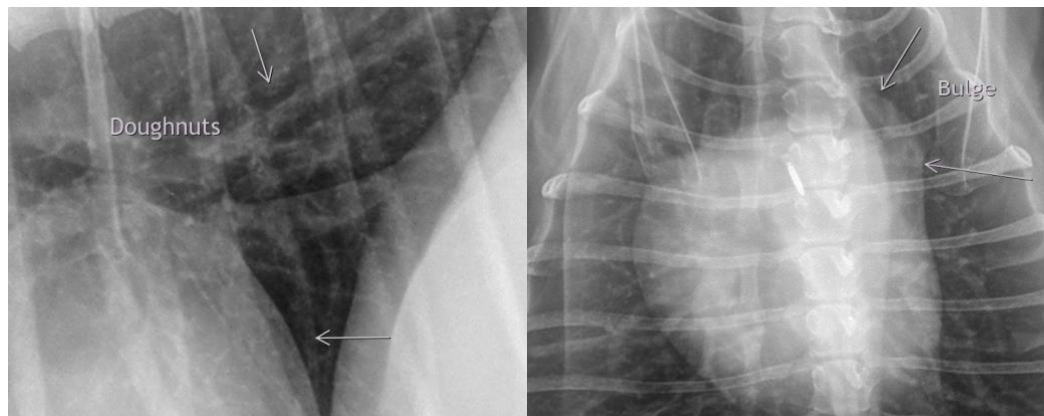
The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS= 10). A bulge is present at 2 o'clock

RADIOGRAPHIC DIAGNOSIS

- Bulge at pulmonary artery segment
- Mild, localized bronchial wall thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary changes are mild but could still represent bronchitis (either infectious or eosinophilic). Samples should be obtained via broncho-alveolar lavage. At the same time trachea and bronchi should be checked for collapse. The prominent bulge at 2 o'clock is more of a fat than soft tissue opacity and thus the presence of a main pulmonary artery dilatation, as occurs in pulmonary hypertension, is questionable, especially in association with normal pulmonary vessel diameter. Due to breed, age, and clinical sign of cough at night, echocardiography is recommended.



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.



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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