



PATIENT

Harry Jones

SPECIES

Canine

BREED

Poodle Mix

SEX

Male Neutered

AGE

15Y

WEIGHT

17.94lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

DTLAvets

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

72457

DATE

11-3-25

PRESENTING CLINICAL SIGNS

hx of heart murmur since June 2025 (3/6); coughing fits over the last 8 weeks - sometimes these coughing fits will be triggered by excitement/sometimes they happened unprovoked during rest; pls comment on soft tissue opacity in area of cd mediastinum or esophageal-stomach junction.

RADIOGRAPHS OF THE THORAX

R/L lateral and VD are provided, totaling 4 radiographs for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 6-7/9 with smooth, alternating layers of fat and soft tissue opacity. In right lateral recumbency an egg shaped, soft tissue mass with a length of approx. 4.5cm is located ventral to the caudal sternum and surrounded by a thin rim of fat opacity. In left lateral recumbency the mass is of homogeneous, soft tissue opacity and the edges are slightly undulating, which resembles the mass effect on one VD, where a similar structure is located between ribs 7 and 11 just to the left of the midline.

Mild thoracic spondylosis is present centrally, moderate spondylosis ventral to the caudal thoracic vertebrae. Disc space width varies.

The cranial mediastinum is of normal size and opacity. In the thoracic inlet the trachea lumen ventrally and a dorsal soft tissue band reduces the size of the air filled lumen.

The degree of pulmonary expansion on the lateral views is fair. The ventral lung lobes are slightly displaced from the thoracic boundaries by fat. Vascular edges are blurred in the caudal lobes, and some doughnuts are evident.

The cardiac silhouette occupies 80% of the chest height and 2.5 intercostal spaces (VHS=10.5). The caudal heart border is straight.

RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial pattern
- Possible tracheal collapse
- Mild left ventricular enlargement
- S.c. mass

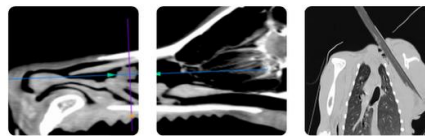
Incidental findings:

- Spondylosis
- Disc space reduction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In left lateral recumbency the shape of the mass seen on both lateral views appears similar to the one detected in one of the two VD views. It may be positioned slightly to one side of the midline which would explain the position and differing appearances. The opacity is that of soft tissue and I therefore recommend FNA in case it is a tumour.

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually due to an altered cartilage development which may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g., bronchitis – infectious or allergic, L cardiac enlargement) reduces the ease of airflow. The gold standard for imaging both pathologies is tracheo-bronchoscopy. Because bronchitis can be present without radiographic evidence, a sample should be obtained for cytology and bacteriology. Tonsils and laryngeal function



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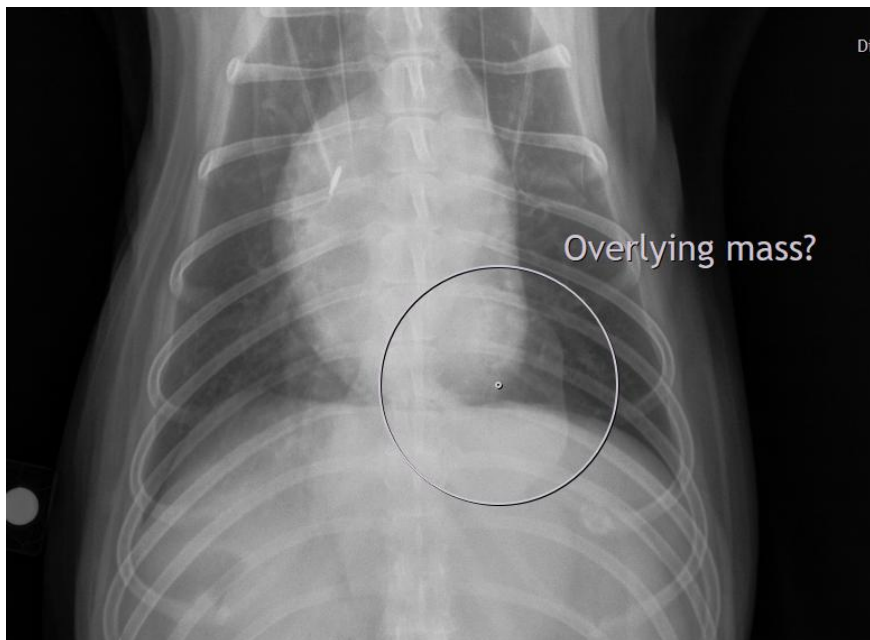
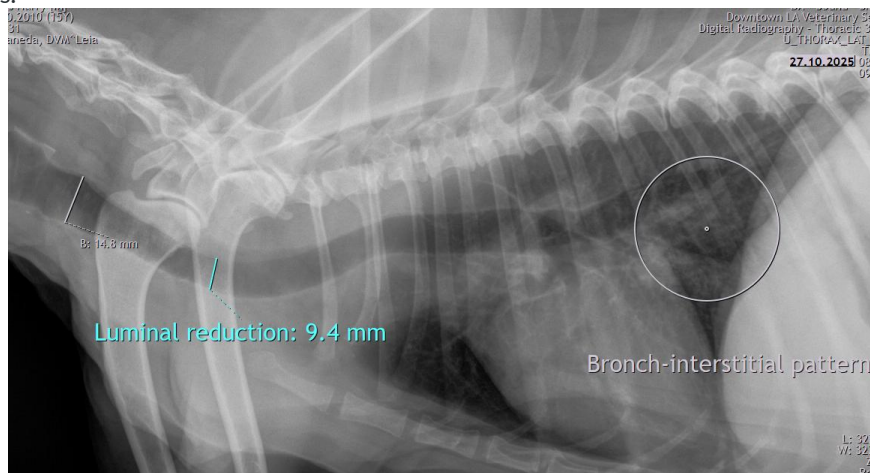
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can be assessed prior to bronchoscopy. Echocardiography to assess left atrial size and valvular function is recommended because left atrial enlargement will eventually displace the main stem bronchi and may compress them. Should an underlying disease be present treatment may improve the clinical signs.



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., DipECVDDI, DVR
info@sonopath.com