



PATIENT

Moxie Jerrell

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

85

INTERPRETED BY

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

IMAGING PERFORMED BY

Taren Denny, LVT and
Brit, VA

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Dr. Nick Hayes

INVOICE

35437

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Chronic cough and congestion. Did not respond to temeril P.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 9/9.

Smooth new bone is present ventral to some intervertebral disc spaces and on sternbrae.

The cranial mediastinum is of normal size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

The degree of pulmonary expansion is reasonable. The ventral lung lobes are elevated from the sternum by fat and rounded. The vascular outline is slightly reduced. Bronchial wall calcification is present. A ground glass appearance of the ventral lobe exists.

The cardiac silhouette is elevated from the sternum by fat. occupies approx. 65% of the chest height and 3 intercostal spaces (VHS= 10.5). Chamber or outflow tract enlargement is not obvious.

The stomach is moderately filled with food.

RADIOGRAPHIC DIAGNOSIS

- Bronchial wall calcification
- Ventral ground glass appearance, mild
- Obesity

Incidental findings

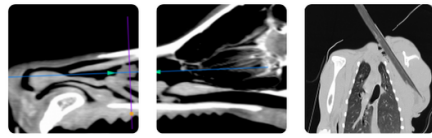
- Spondylosis
- Sternal new bone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bronchial wall calcification per se does not explain a cough. However, it may be associated with chronic inflammation. The ventral ground glass appearance is likely caused by the obesity and failure of full beam penetration or may represent an interstitial infiltrate. Possible differential diagnoses 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)

Fecal samples should be obtained to rule out parasites. Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is necessary; samples should be submitted for bacteriological and cytological examination. Laryngeal movement should be assessed. Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.



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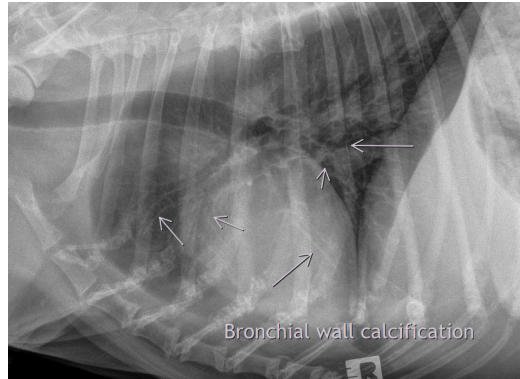
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com