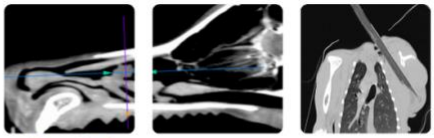

PATIENT

Duke Dicaire

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.4

INTERPRETED BY

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

IMAGING PERFORMED BY

AL

HOSPITAL NAME

Brant Paws VH

REFERRING VET

Dr. Hani Hanna

INVOICE

35882

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Hx of grade 1 soft tissue sarcoma, IBD and environmental allergies. History of right sided facial nerve paralysis.

Abnormal PE/Chem/CBC/UA Results: PE abnormalities include right sided head tilt, absent menace in right eye, dilated pupil in right eye, corneal ulcer in right eye, drooling on right side and drooping right ear, labored breathing, systemic hypertension no significant abnormalities on most recent blood work

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity. Mineral deposits are present in the s.c. tissues of thorax and abdomen and is most pronounced dorsally.

Right sided rib fractures with new bone formation affect ribs 8-10. Congenital vertebral anomalies affect thoracic spine and tail; the caudal endplate of L7 is deformed by new bone formation. The T12/13 disc space is decreased. A small amount of new bone formation is located ventral to the disc spaces T12/13 and bridging new bone ventral to the LS junction; a small amount of new bone is located to the left of L3/4 The opacity of intervertebral foramina L4/5 and LS is increased

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The degree of pulmonary expansion is fair at best. The lung lobes extend to the thoracic boundaries. The vascular outline of the tertiary branches is blurred and bronchi are highlighted. This is especially evident in the right caudal lobe on the DV and in the cranial lobes on the lateral views. Bronchial wall calcification is present in the perihilar region.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

Abdomen

The abdominal organs are surrounded by fat; diaphragm and abdominal wall are intact.

The liver is located within the costal arch and the caudo-ventral lobe is rounded.

The spleen appears physiological; the tail is located within the costal arch.

The gastro-intestinal tract is moderately distended with air. Distribution and size of the small intestinal loops appear physiological. Colon and rectum formed fecal matter.

Both renal shadows have a physiological size, shape and opacity; in right lateral recumbency the cranial pole of one renal shadow is located more dorsally. The bladder contains a small amount of urine and a small prostatic shadow is located cranial to the pubic brim.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Rib fractures/hypertrophic non-union, right side
- Calcinosis cutis
- Interstitial lung pattern
- Variation of renal position

Incidental findings

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- Perihilar bronchial wall calcification
- Congenital vertebral anomalies
- Deformation caudal endplate L7
- Disc disease L4/5 and LS junction
- Spondylosis

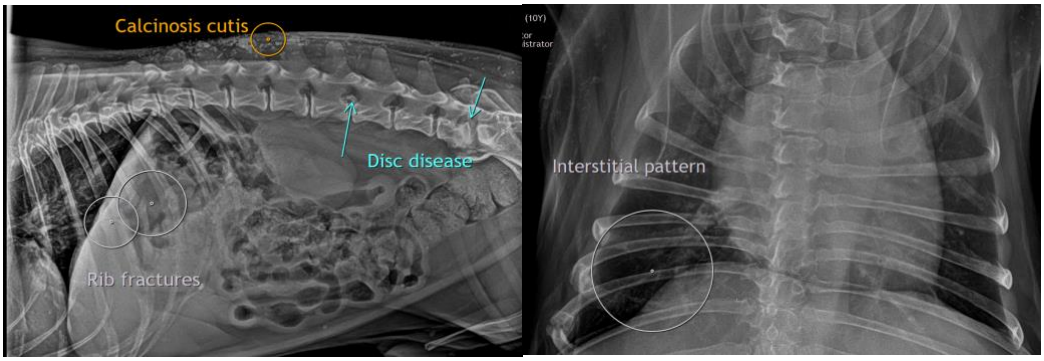
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abnormal breathing could be caused by the rib fractures. There are no abdominal signs of Cushing's disease to explain the calcinosis cutis and the fractures. Nevertheless, total and ionized calcium levels should be measured as hypercalcemia can cause nervous, GIT, urinary and cardiovascular signs. Underlying causes for this are e.g., hyperparathyroidism and paraneoplastic syndrome. Cross sectional imaging of the brain is recommended due to the described clinical signs, especially the systemic hypertension. Ultrasound or CT of the abdomen is recommended to rule out pheochromocytoma.

An interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic e.g., angiostrongylus, crenosoma)
- 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. Bronchoscopy with broncho-alveolar lavage is necessary to obtain samples for bacteriological and cytological examination.



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