



PATIENT

Gracie Mouse Flowers

SPECIES

Canine

BREED

Canine

SEX

Female

AGE

17 Years

WEIGHT

1.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

GDD

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Ella Scott

INVOICE

35998

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: Presented for oral examination after pt went inappetent. Findings included non-union fracture of the right mandible and V/VI HM. No coughing or sneezing.

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed elevated BUN (114), SDMA (53), creatinine (2.7) and phosphorus (6.7). Decreased albumin glucose, T4, and Cl, increased K.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 5/9.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea runs close to and parallel to the thoracic vertebrae; it dips slightly at the carina. In right lateral recumbency a crescent shaped, soft tissue structure reduces the tracheal air space from dorsally between C4 and T3.

The degree of pulmonary expansion is fair. The lung lobes extend to the thoracic boundaries. The vascular margins are slightly blurred. The bronchial tree is thin walled.

The cardiac silhouette occupies 90% of the chest height and 3 intercostal spaces (VHS=10.5). On the VD view the left side between 12 and 3 o'clock is straight. The right side and region of the left ventricle are rounded.

The angle of the diaphragm on the lateral views is relatively steep.

Calcium deposits are present in the region of the right renal pelvis.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Cardiomegaly
- Interstitial pattern

Incidental finding

- Renal calculi. right

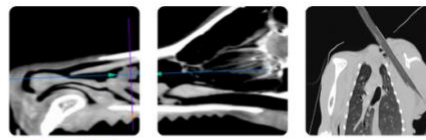
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no pulmonary nodules.

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., pneumonia, bronchitis, L cardiac enlargement) reduces the ease of airflow. The gold standard for imaging both pathologies is tracheo-bronchoscopy and a sample can be obtained for cytology and bacteriology at the same time. The size of the cardiac silhouette in narrow chested, small dogs often appears subjectively large, but in combination with the sack like shape on the VD and the cardiac murmur, echocardiography is recommended to assess cardiac function and valvular appearance. Should an underlying disease be present treatment may improve the clinical signs.

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

- Edema



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

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Less likely

- Diffuse hemorrhage
- Tumor (e.g., lymphoma)

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Depending on the results of the echocardiography, fecal samples may have to be obtained to rule out parasites.

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The renal calculi could be associated with renal disease which would explain elevated BUN and creatinine.

AGE

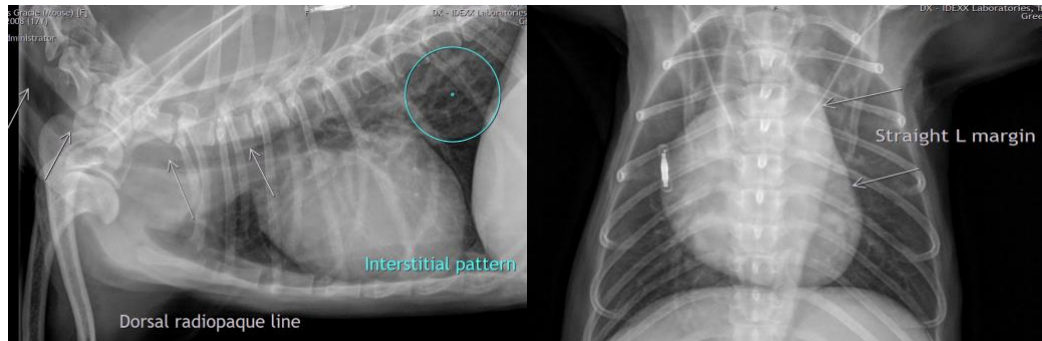
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

HOSPITAL NAME

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Wellness

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info@sonopath.com

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