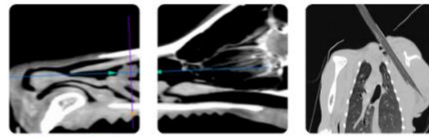


PATIENT

Ruby Finkle

SPECIES

Canine

BREED

Staffordshire

SEX

Spayed Female

AGE

12 Years

WEIGHT

63

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Russ LaPierre

HOSPITAL NAME

Blandford AH

REFERRING VET

Dr. Russ LaPierre

INVOICE

35748

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Clients where gone for 10 days. pet sitter reported blood 4 and 5 days prior, no blood the past 2 days then significant amt of blood today. Is not known prior episodes where uni vs bilateral. Today sl amt of bright red blood in right nare. Reported "large" amount of blood in lobby that required mopping. Unclear as t how much coughing has been occurring.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

A small amount of spondylosis is present T11/12. The costo-chondral junctions of ribs 3-6 show asymmetrical mineralization.

The cranial mediastinum is of physiologic 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 are well aerated and extend to the thoracic boundaries. A loss of the clear vascular outline is evident in the left caudal lobe. On the VD this is accompanied by peripheral, bronchial enhancement.

The cardiac silhouette is slightly raised from the sternum by fat and occupies 75% of the chest height and 3 intercostal spaces (VHS=11). Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Mild interstitial pattern

Incidental finding

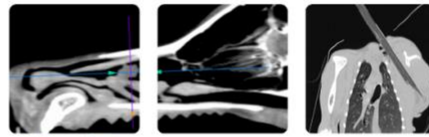
- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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)
- Diffuse hemorrhage
- Edema
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

In the absence of an obvious mass in nasal cavities and thorax, identification of the origin of the blood is paramount. Therefore, I recommended G.A. for rhinoscopy (e.g., foreign body, early aspergillosis), visual inspection of tonsils (e.g., foreign body, tumor, polyp), pharynx and larynx (any injuries), followed by tracheo-bronchoscopy. Prior to this, clotting tests should be performed in case of warfarin poisoning or von Willebrand’s disease.



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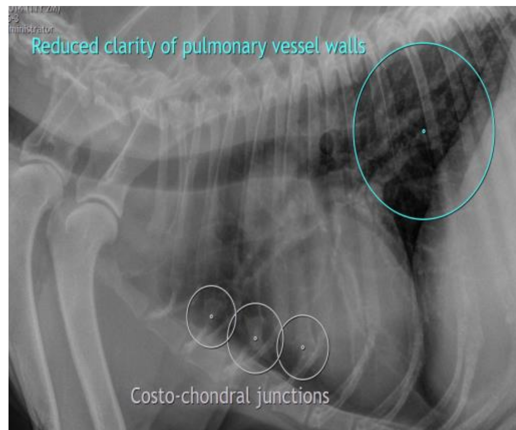

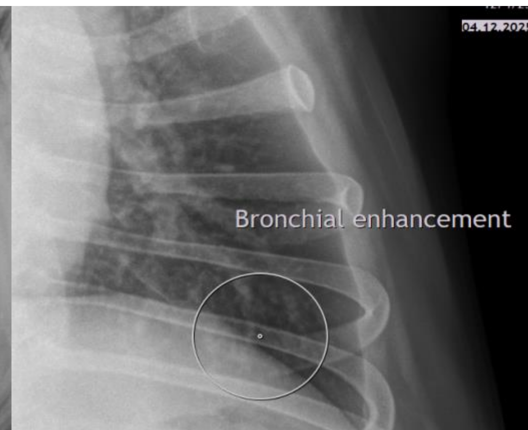

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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