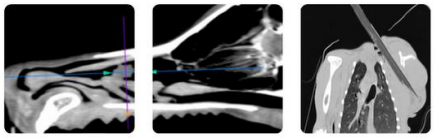



SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Roscoe King

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Male

**AGE**

10Y

**WEIGHT**

17lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Christi Gober

**HOSPITAL NAME**

Bowling Green Veterinary Clinic

**REFERRING VET**

Dr. Christi Gober

**INVOICE**

72915

**DATE**

12-9-25

## PRESENTING CLINICAL SIGNS

Recently Rescued. Chronic cough. Not responding to cough suppressants or doxycycline.

## RADIOGRAPHS OF THE THORAX

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

Non-DICOM images

## RADIOGRAPHIC FINDINGS

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

The disc spaces between C5 and T1 are not visible; spondylosis is located on the ventral aspect of C5.

The cranial mediastinum is of physiologic size and opacity. The terminal trachea diverges from the thoracic vertebrae, and the carina is located level with T5. On the image labelled R, a soft tissue opaque line impinges on the tracheal airspace from dorsally.

The degree of pulmonary expansion is fair, and the dome of the diaphragm is superimposed onto the region of the left ventricle in left lateral recumbency. In both lateral recumbencies the caudal vena cava enters the cranial crus of the diaphragm and the dorsal crura run parallel to each other.

The lung lobes extend to the thoracic boundaries. Pulmonary vessels are well outlined on the VD view; the vascular margins are blurred in both lateral recumbencies. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 80% of the chest height and 3 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Possible impairment of full pulmonary expansion
- Possible tracheal collapse

Incidental findings:

- C5-T1: possible disc space narrowing
- 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)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)
- Edema
- Diffuse hemorrhage
- Idiopathic fibrosis

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

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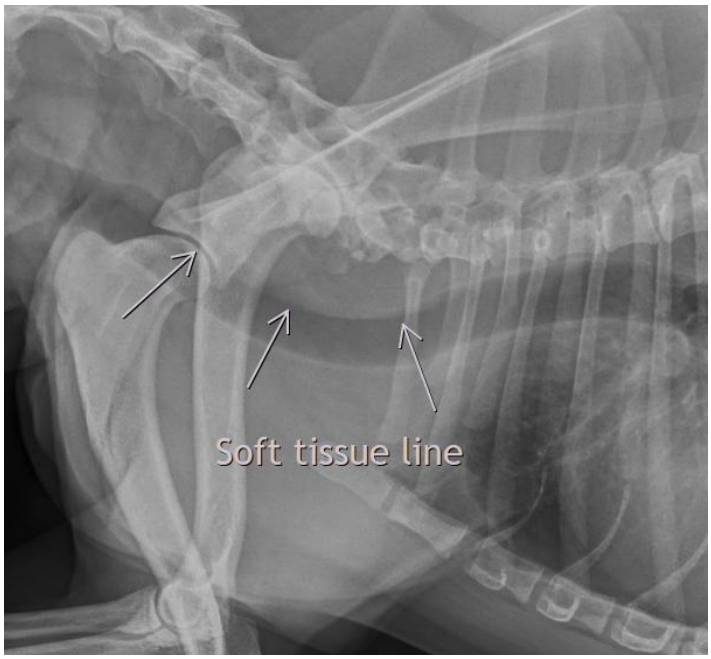
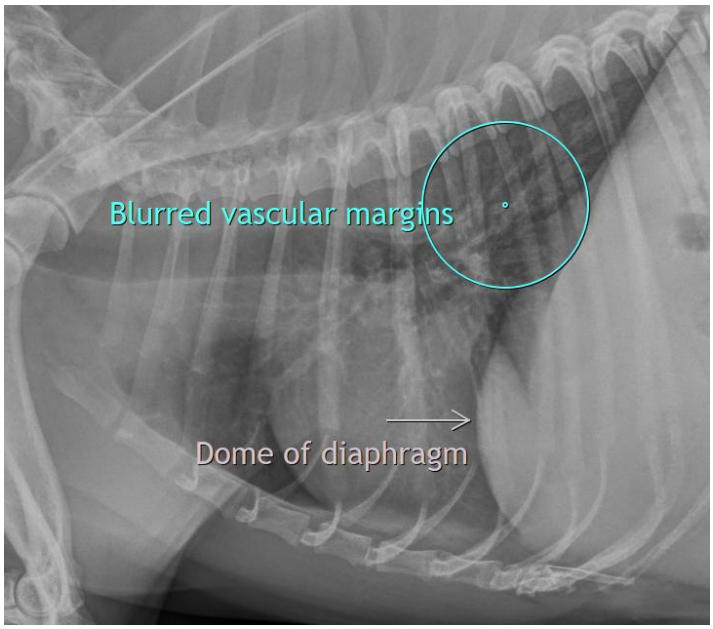
submitted for bacteriological and cytological examination. The presence of tracheal collapse can be checked at the same time. Laryngeal paralysis should be ruled out.

In both lateral recumbent views pulmonary expansion is only fair. This may relate to the time of exposure or represent an inability to fully expand the lungs which would then be a sign of fibrosis. Images obtained at end-inspiration and end-expiration should be compared to confirm this.



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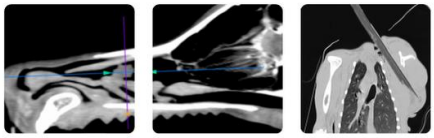

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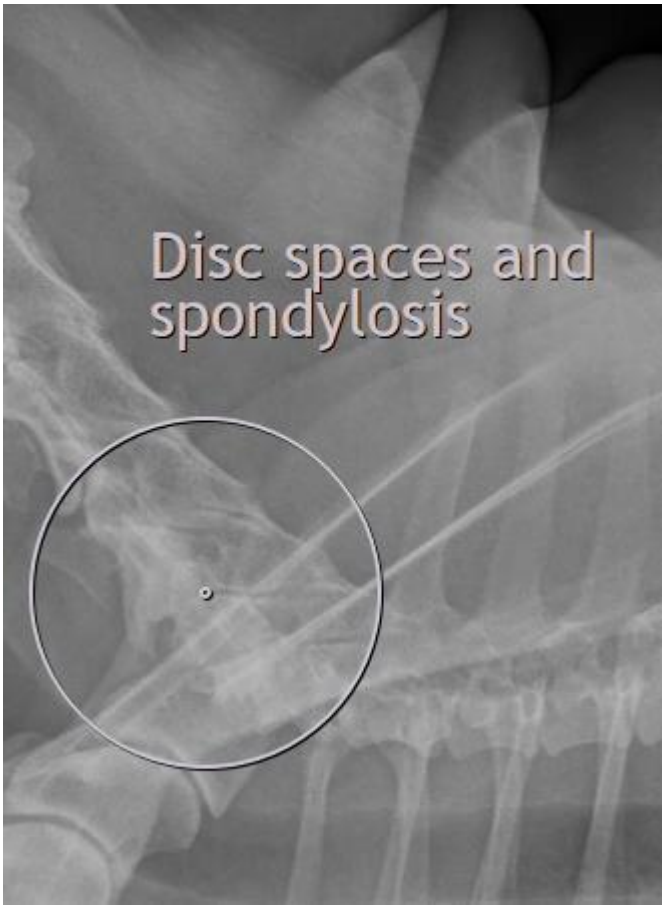


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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