

## PATIENT

Nina Acquaviva

## SPECIES

Canine

## BREED

Pitbull

## SEX

Spayed Female

## AGE

3 Years

## WEIGHT

57.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kristin Potenzzone,  
DVM

## HOSPITAL NAME

Legacy AH

## REFERRING VET

Dr. Kristin Potenzzone,  
DVM

## INVOICE

35830

## DATE

2/13/26

## PRESENTING CLINICAL SIGNS

History: coughing and spitting up white foam, pneumonia vs collapsed lung, no fever

Abnormal PE/Chem/CBC/UA Results: slightly low MCV(61.5), MCH (21.0), Lymphocytes (1.03)

## RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T6.

The degree of pulmonary expansion is good. The right middle lobe is visible on the VD as a triangular, soft tissue opacity with a central, proximally air-filled bronchus. In left lateral recumbency the vascular markings over the heart are not visible and proximally small air-bronchograms appear to be present.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

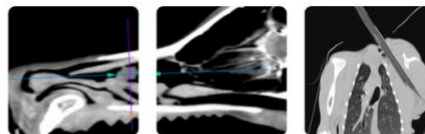
- Consolidation R middle lobe

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to the air bronchograms over the cardiac silhouette in left lateral recumbency and the centrally located cardiac silhouette with minimal rotation on the VD view, consolidation is more likely than lung collapse. Possible differential diagnoses include lobar pneumonia (e.g. due to inhaled foreign body), lobar hemorrhage, tumor, granuloma. Ultrasound will allow assessment and sampling. Should this not be possible, BAL under G.A. is recommended. The samples should be submitted for cytology and bacteriology. In case the samples indicate a tumor and removal is desired, a CT examination is recommended for lymph node assessment.



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.

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR

[info@sonopath.com](mailto:info@sonopath.com)