



## PATIENT

Trinity Mitchell

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed Female

## AGE

10 Years 11 Months

## WEIGHT

84 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katy Borzillo

## HOSPITAL NAME

Elizabeth AH

## REFERRING VET

Leon Amderson, DVM

## INVOICE

35930

## DATE

2/20/26

## PRESENTING CLINICAL SIGNS

History: Wellness lab panel in January revealed an elevated proBNP

Yesterday began an increased rate of breathing, difficulty breathing, very low energy, and no interest in food.

Historically marginal thyroid levels

Abnormal PE/Chem/CBC/UA Results: Exam: Heart rate 160 and respiratory rate 45 / minute. Afebrile. Abdominal press at end expiration. Slightly harsh lung sounds. Labs: Urinalysis February 11th, persistent proteinuria, specific gravity 1.05, quiet sediment Full panel on January 21st: pro BNP 2267 picomoles per liter, normal CBC, chemistry, blood parasite screen, and fecal screen. BP: 177.5 mmHg

## RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7-8/9 with localized fat accumulations in the subcutaneous tissues on the VD view.

Ventral spondylosis and new bone along the intersternebral spaces is present. A small bony spur is evident on both caudal humeral heads.

The cranial mediastinum is of physiologic size and opacity. The terminal trachea diverges slightly from the thoracic vertebrae, and the carina is located level with T5. Some air is present in the mid-thoracic esophagus.

The degree of pulmonary expansion is fair. The lung lobes are aerated and extend to the thoracic boundaries. In right lateral recumbency a pea sized, nodular structure appears to be partially superimposed onto the cranially located rib 8 and the dome of the diaphragm approx. centrally in the thorax. Pulmonary vessels are well visible in all lobes but appear thin. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 85% of the chest height and 4 intercostal spaces (VHS=13). Chamber or outflow tract enlargement is not obvious. The cardiac silhouette appears rounded. The tip of the left ventricle is still visible but also rounded.

## RADIOGRAPHIC DIAGNOSIS

- Generalized cardiomegaly
- Rounded off cardiac borders
- Possible pulmonary nodule
- Expiratory views

## Incidental findings

- Spondylosis
- Shoulder arthrosis, mild
- Sternal new bone

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are highly suggestive of pericardial effusion. Differential diagnosis is a right sided DCM. The submitted ECG and echocardiography will allow better cardiac assessment. The apparent nodule may represent a composite shadow or a metastasis from either a cardiac mass (e.g., hemangiosarcoma) or an abdominal mass. Abdominal ultrasound is recommended because reduced pulmonary expansion can be due to an abdominal mass e.g., splenic hemangiosarcoma. Differential diagnosis for reduced pulmonary expansion is lung fibrosis.



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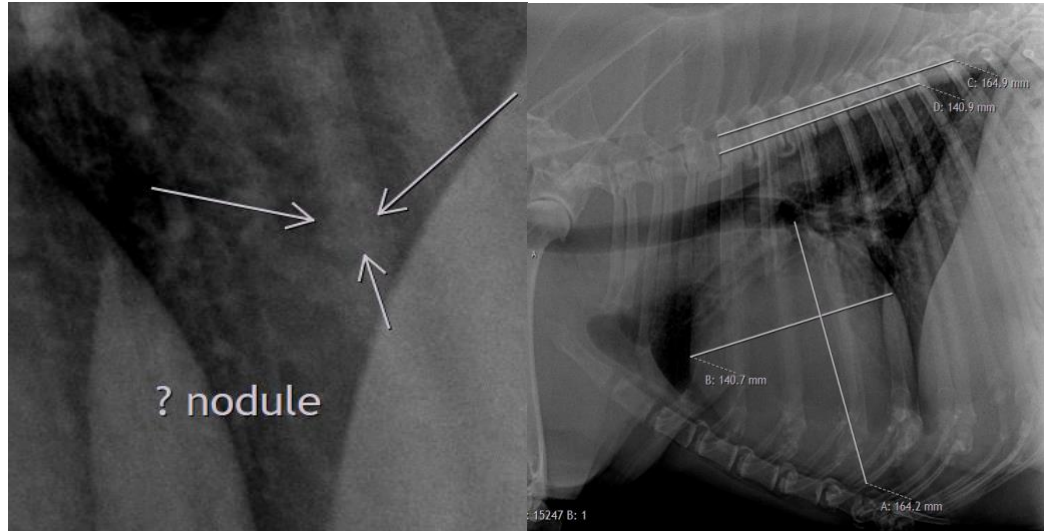
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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