



## PATIENT

Sadie Donnelly

## SPECIES

Canine

## BREED

Great Dane

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

50.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mountain West VS

## HOSPITAL NAME

Mountain West VS

## REFERRING VET

Dr. Melanie Thompson

## INVOICE

36007

## DATE

2/26/26

## PRESENTING CLINICAL SIGNS

History: Recently diagnosed with mega-esophagus. Had abnormal lung appearance with spots. Treated for Pneumonia. Also had spots previously over a year ago.

## RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6-7/9 with a semicircular soft tissue opacity lateral to ribs 1-3 on the right.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The esophagus contains a moderate amount of air and displaces the trachea ventrally. The carina is in a physiological position.

The degree of pulmonary expansion is fair; the lobes extend to the thoracic boundaries. Cranial lobar vessels are seen to the secondary branches, and the cranio-dorsal cardiac outline is obscured; the vascular outline for the caudal lobes is blurred. A generalized infiltrate with small, almost military, calcium opacities is present throughout the lung fields; ventrally some are larger and more oval than round.

The cardiac silhouette occupies 70% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Megaesophagus
- Interstitial pattern
- Pulmonary osteomata

Incidental finding

- Body wall mass, probably lipoma

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The military opacities likely represent calcium deposits on the pleural surface or in the pulmonary parenchyma. A CT is necessary to assess them fully. Alternatively, their size can be monitored on follow up radiographs, as is suggested in the history. The interstitial component results from the multitude of this infiltrate and is probably accompanied by a degree of infection, inflammation or fibrosis. Aspiration pneumonia is a sequel to megaesophagus and occurs intermittently. The need for antibiotics is usually made on basis of the clinical presentation. For the radiographic diagnosis of pulmonary fibrosis, the position of the diaphragm in a fully inspiratory view has to be compared to that in a fully expiratory view. They then hardly differ. In case the clinical signs do not respond to treatment, bronchoscopy with BAL for cytology and bacteriology is recommended.



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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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