



PATIENT

Molly Share

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

11 Years 5 Months

WEIGHT

42.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Claudia Lau

HOSPITAL NAME

My Pet Mobile Vet

REFERRING VET

Dr. Claudia Lau

INVOICE

36014

DATE

2/27/26

PRESENTING CLINICAL SIGNS

<1 day of acute increased respiratory rate at rest without panting. O notes to be roughly 56-60bpm. otherwise good energy appetite. Urinating/defecating normally. O also concerned for discharging mass on R shoulder

Chronic hx of multiple liver masses, anaemia, elevated liver enzymes - O has concerns for hemoabdomen. P previously prescribed Yunnan Baiyao but had adverse reaction therefore discontinued.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7-8/9 with a large amount of dorsal s.c. fat.

The visible bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina. In left lateral recumbency the tracheal air space is reduced in the thoracic inlet by a dorsal soft tissue band which continues into a fine line of esophageal air between T1 and T5.

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

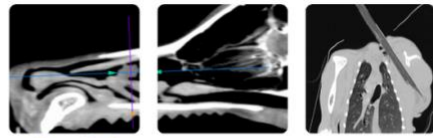
The cardiac silhouette is slightly elevated from the sternum by fat. It occupies 75% of the chest height and 2.25 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Variation tracheal air space

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no metastases. A variation in tracheal air space size is usually due to an overlying esophagus but can be associated with tracheal collapse. However, in large breeds this is usually mild and of no clinical significance. However, it does take at least 2 days for an infiltrate to become radiographically obvious. I thus suggest repeating the radiographs in 2 days if the altered breathing persists. Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage may be necessary; samples should be submitted for bacteriological and cytological examination. In case laryngeal paralysis is present, surgery is recommended.



PATIENT

Molly Share

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

11 Years 5 Months

WEIGHT

42.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Claudia Lau

HOSPITAL NAME

My Pet Mobile Vet

REFERRING VET

Dr. Claudia Lau

INVOICE

36014

DATE

2/27/26



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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com