



PATIENT

Jett Elliot

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

9 Years

WEIGHT

85.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christi Gober

HOSPITAL NAME

Bowling Green VC

REFERRING VET

Dr. Christi Gober

INVOICE

35750

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History: Presented 2 weeks ago for wheezing and difficulty breathing acutely. Rads were obtained (which don't look much different than the ones sent today) and owners chose to treat supportively with Doxycycline and prednisone. Presented for a recheck today and he's doing 95% better and has finished all 2 weeks of medication. Coughing elicited while taking a VD, otherwise he's doing okay and has no other concerns. I am concerned that the rads do not look improved in my opinion and am wondering about differentials for this lung pattern(s).

Abnormal PE/Chem/CBC/UA Results: No bloodwork obtained yet. UTD on heartworm prevention

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7-8/9 with a semicircular, fatty protuberance on the right thoracic wall.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. A small amount of air is present in the esophagus.

The degree of pulmonary expansion is fair. The lung lobes are slightly displaced from the thoracic boundaries by fat. In left lateral recumbency the caudo-dorsal lung field shows a loss of vascular outline with bronchial enhancement. On the VD view the vascular outline is slightly blurred in the right caudal lobes. Mild bronchial wall calcification is evident.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Bronchial calcification

Incidental finding

- Chest wall lipoma
- Obesity, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding and accentuated by mild obesity and 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
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

Fecal samples should be obtained to rule out parasites. Bronchitis can be present without or little radiographic evidence (e.g., calcification), this would explain a similar appearance of radiographs obtained at different times. Should the symptoms reoccur, bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination.



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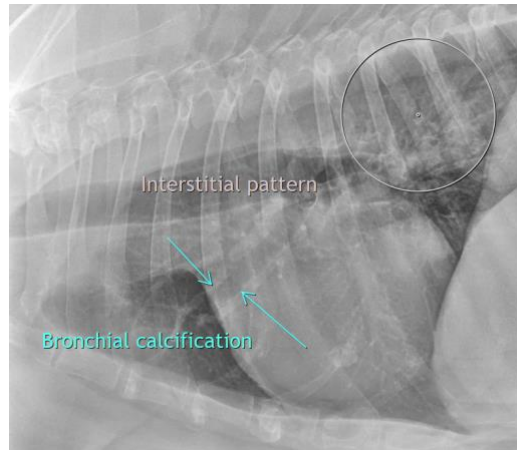
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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