



PATIENT

Sofie Dewey

SPECIES

Canine

BREED

Samoyed

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

52.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

GC/JA

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Claudia Giuliani,
DVM

INVOICE

35753

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History: Sofie presented for coughing. Dad says that she has coughed forever but it seems like it's getting worse. Mostly at night-time although she does sporadically cough in the morning. No coughing noted in room today. No history of recent boarding, daycare or grooming. No discharge noted from nose. Doing well otherwise.

RADIOGRAPHIC STUDY OF THE THORAX

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

Spondylosis is present T3-5.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5. The lumen is wide and of homogeneous diameter.

The lung lobes extend to the thoracic boundaries. On the VD view the outline of the pulmonary vessels is decreased and bronchi are enhanced along the cardiac silhouette. This extends into the region of the accessory lobe on the left and merges with the shadow of the caudal vena cava where it appears almost alveolar. The bronchi in the right caudal lobe appear to be larger than on the left. In left lateral recumbency bronchial enhancement is evident overlying the caudal vena cava.

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
- Possible bronchiectasis

Incidental finding

- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding. 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 sample should be obtained to rule out parasites. Bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. Prominence of the bronchi could be due to peripheral bronchiectasis; this can be investigated with a thoracic CT.



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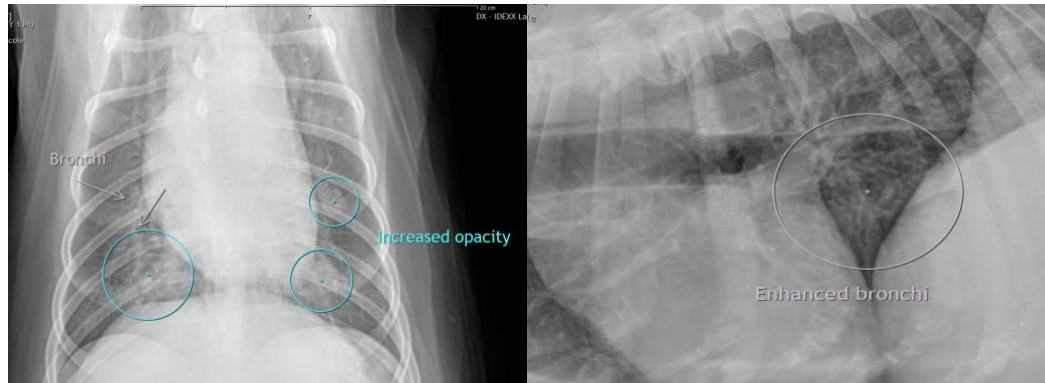
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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