



PATIENT

Sophie Murphy

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

10 Years 9 Months

WEIGHT

15.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Faith Fischer

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

J. Jill Heatley, DVM

INVOICE

35765

DATE

2/7/26

PRESENTING CLINICAL SIGNS

History: Recheck post-rad enocard

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6-7/9 with smooth, alternating layers of fat and soft tissue opacity. Visibility of small chest wall lipomata varies on the VD views. The mineral opacity is still present in the dorsal soft tissues.

The ribs are evenly spaced and run parallel to each other. The costo-chondral junctions of right and left ribs are located at different levels on the lateral views. Mild spondylosis is present ventral T5/6.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae; the carina is elevated and splitting of the main stem bronchi is apparent. The air filled cervical tracheal lumen appears reduced from dorsally.

The degree of pulmonary expansion is fair at best. The lung lobes extend to the thoracic boundaries. Pulmonary vessels are visible; on the VD the vascular margins are blurred in right or left caudal lobe, level with the caudal vena cava, and appear physiological on the third VD.

The cardiac silhouette appears to occupy 90% of the chest height and 4 intercostal spaces. The caudal heart border is straight, and tenting is visible in the region of the left atrium. The right side appears rounded.

RADIOGRAPHIC DIAGNOSIS

- Cardiomegaly
- Variable interstitial pattern caudal lobes
- Possible cervical tracheal collapse

Incidental findings

- Chest wall lipomata
- Mineralized s.c. structure, dorsal to T4
- Spondylosis, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to the rotation thoracic structures are superimposed and viewed at different angles. This can explain the reduced diameter of the cervical tracheal air space, the apparent splitting of the main stem bronchi and the variability of the interstitial opacity. In total, I feel that the changes appear very similar to the images obtained in January. Respiratory signs in combination with altered echocardiographic findings of mitral flow require diuretics.

TECHNICAL COMMENTS

The lateral views are rotated to different degrees.



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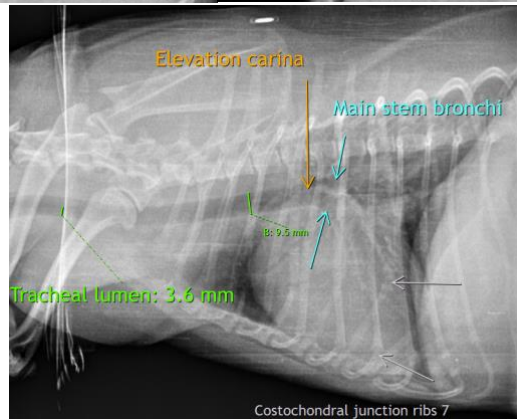
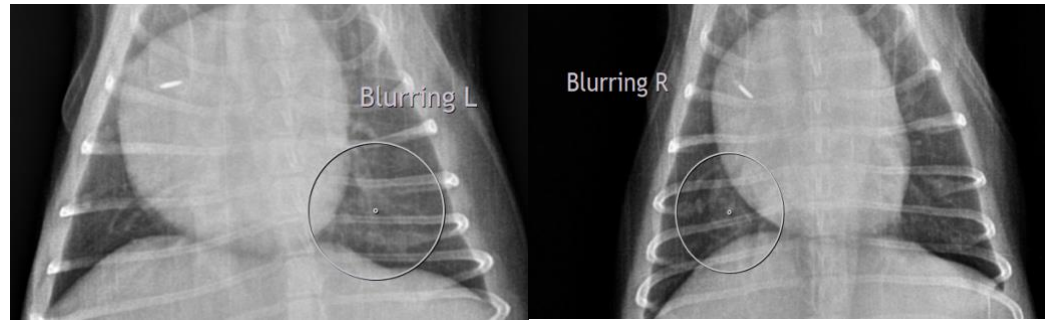
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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