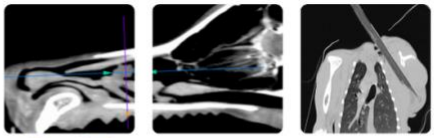

PATIENT

Berik Masterov

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

21.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abina Glennon

HOSPITAL NAME

New Bridge Veterinary Practice

REFERRING VET

Dr. Abina Glennon

INVOICE

14324

DATE

03/13/26

PRESENTING CLINICAL SIGNS

coughing all night no murmur after auscultation

no fever- history of allergies.

RADIOGRAPHIC STUDY OF THE THORAX

R lateral provided for interpretation.

13.03.2026

RADIOGRAPHIC FINDINGS

The surrounding s.c. fat is moderately developed.

A mild degree of spondylosis is present at the thoraco-lumbar junction. Smooth new bone is located on the cranial radial head and in the region of the anconeal process.

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 located in the cranial thoracic esophagus.

The degree of pulmonary expansion is fair at best. The cranial lung lobes are slightly dorsally displaced by fat and rounded. The outline of the pulmonary vessels is blurred and mild bronchial enhancement is present in the caudo-dorsal lobes. Two nodular structures with a diameter of approx. 0.6cm are located ventral to T7 and appear larger than the adjacent longitudinal vessels.

The cardiac silhouette occupies 80% of the chest height and 3 intercostal spaces (VHS=10.5). Mild tenting of the left atrium (LA) is present.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Possible nodules

Incidental findings

- Elbow arthrosis
- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding and accentuated by the only 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 radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. During the same examination trachea and bronchi should be examined for collapse, tonsils for enlargement and the larynx for e.g., inflammation.

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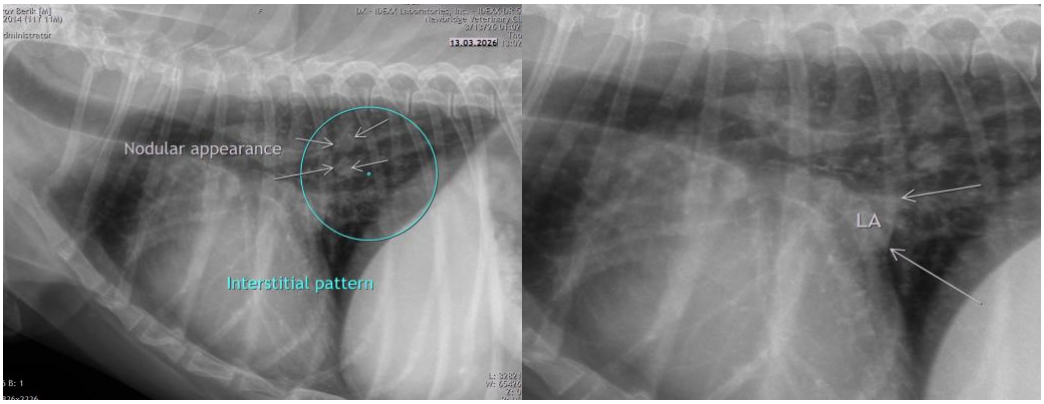
The two nodular structures could represent composite shadows of end-on vessels and ribs. To rule out actual masses a deeply inspiratory right lateral recumbent view is necessary to see if their position changes while their appearance is retained. Is this the case, a VD and left lateral recumbency should complete the thoracic imaging. The mild left atrial tenting could be due to the superimposed rib margin. Despite the absence of a murmur, echocardiography can be considered once primary lunge disease has been ruled out.



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