



## PATIENT

Chibi Smith

## SPECIES

Canine

## BREED

Bulldog

## SEX

Female

## AGE

8 Years

## WEIGHT

14.10

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Not Provided

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Dr. Rally

## INVOICE

14325

## DATE

03/13/26

## PRESENTING CLINICAL SIGNS

MASS/CYST REMOVAL UNDER NECK THIS JANUARY. OWNER NOTICED MULTIPLE HARD MASSES WHICH WERE NOT PRESENTED DURING THE SURGERY.

PERSISTANT COUGH SINCE JANUARY

OCCULAR AND NASAL DISCHARGE, LETHARGY

LYMPHADENOPATHY

WHEEZING AND RESP CRACKELS

## RADIOGRAPHIC STUDY OF THE THORAX

R/L lateral and VD are provided, totaling 4 radiographs for interpretation.

13.03.2026

## RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

Breed associated wedge and shortened vertebrae are present. Smooth ventral spondylosis is present in the lumbar spine.

The cranial mediastinum is wide and its soft tissue opacity fills the cranial thorax to ribs 3. On one view its caudal aspect is rounded and touches the cranial cardiac border. The cranial thoracic trachea converges with the thoracic vertebrae and dips acutely at the carina. The main stem bronchi are difficult to see, especially on the lateral views.

The tips of the caudal lung lobes extend to T13/L1 and the dome of the diaphragm just touches the caudal heart border. A generalized reticular, on the VD almost miliary, lung pattern is present. This is replaced in the medial aspect of the left caudal lobe by a generalized increase in opacity with air-bronchograms. A wavy, radiopaque line follows the infiltrate cranially and merges with the widened mediastinum.

The cardiac silhouette occupies 80% of the chest height and 2.5 intercostal spaces.

## RADIOGRAPHIC DIAGNOSIS

- Generalized interstitial infiltrate
- Alveolar infiltrate left caudal lobe, medial aspect
- Possible cranial mediastinal mass

Incidental findings

- Congenital spinal anomalies
- Spondylosis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mediastinal changes are highly suggestive of a mass lesion and ultrasound with guided sampling is recommended. The most common mediastinal masses are thymic tumors. Granuloma, cyst, abscess and metastatic spread are differential diagnoses. The lobar infiltrate could represent inflammation, infection or tumor.

An interstitial lung pattern is a non-specific finding. Possible differential diagnoses include:



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- Infection (bacterial, fungal, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy)
- Tumor (especially with a military component)
- Diffuse hemorrhage

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Bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. Fecal samples can rule out parasites.

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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., DipECVDDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)

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