



PATIENT

Gogo Willets

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Spayed Female

AGE

11 Years

WEIGHT

70.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. James Hornbuckle
DVM

HOSPITAL NAME

Golden Isles Animal
Hospital

REFERRING VET

Dr. James Hornbuckle
DVM

INVOICE

14331

DATE

03/13/26

PRESENTING CLINICAL SIGNS

Px has persistent cough/hack for about 6 months. Always dry, never producing anything. Owner said it seems to happen more when she's cleaning herself but can also happen randomly.

RADIOGRAPHIC STUDY OF THE THORAX

R/L lateral totaling 4 radiographs for interpretation.

13.03.2026

RADIOGRAPHIC FINDINGS

The body condition score is 7-8/9 with smooth, alternating layers of fat and soft tissue opacity.

Spondylosis is present L1/2. Small osteophytes appear to be located on one caudal humeral head.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The degree of pulmonary expansion is fair at best. The outline of the pulmonary vasculature is blurred and bronchi are highlighted.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS= 10. Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Hypoinflation

Incidental findings

- Spondylosis
- Shoulder arthrosis, mild

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 and surrounding fat. 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)
- Early idiopathic fibrosis

Less likely

- Edema
- Diffuse hemorrhage
- Tumor (e.g., lymphoma)

Especially in combination with the persistent underinflation and hypo-expansion of the lungs, pulmonary fibrosis is likely. 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.



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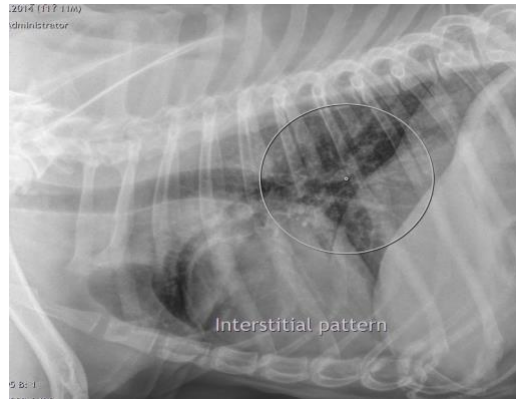
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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