



PATIENT

Hugo Bozarth

SPECIES

Canine

BREED

Hound Mix

SEX

MN

AGE

7Y, 9M

WEIGHT

54.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Hayden

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Jennifer Redus, DVM

INVOICE

74197

DATE

3-16-26

PRESENTING CLINICAL SIGNS

He has been having a hacking for the last few weeks.

It would mainly happen when he would get up from sleeping.

Last night he started to coughing and couldnt stop coughing.

He started to cough up blood with some white foam after Troy came home and woke him up.

Did find some more blood this morning.

ingested staples a few weeks ago and has been coughing on occasion for the past few months

Abnormal PE/Chem/CBC/UA Results: PE: Coat/Skin: Dermal growth, 1 cm diameter, irregular margins, irregular surface on left lateral forelimb in the shoulder region; appears to be a skin tag NO RECENT LABS.

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

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

On the VD view a barrel-chested appearance is present with straight ribs that are evenly spaced. SA moderate amount of spondylosis is located on the caudal thoracic vertebrae.

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 degree of pulmonary expansion on the lateral views is fair. All lobes extend to the thoracic boundaries. In left lateral recumbency a mixed lung pattern is present overlying the caudo-ventral heart. Alveolar patches are present just cranial to it. On the VD view blurring of the vascular margins is accompanied by highlighted bronchi in the right middle lobe. The cranial edge of the right middle lobe is visible due to a mild ground glass appearance compared to the right cranial lobe.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Pulmonary infiltrate R middle lobe
- Overexpansion of lung in VD

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pulmonary overexpansion can be a sign of dyspnea but should be present in all views. The infiltrate is located ventrally and thus aspiration pneumonia has to be considered. In the absence of a visible megaesophagus, laryngeal paralysis can be the cause. Bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. Trachea and main stem bronchi can be assessed for collapse during the same examination. Tonsils and larynx can be assessed for abnormalities.



PATIENT

Hugo Bozarth

SPECIES

Canine

BREED

Hound Mix

SEX

MN

AGE

7Y, 9M

WEIGHT

54.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Hayden

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

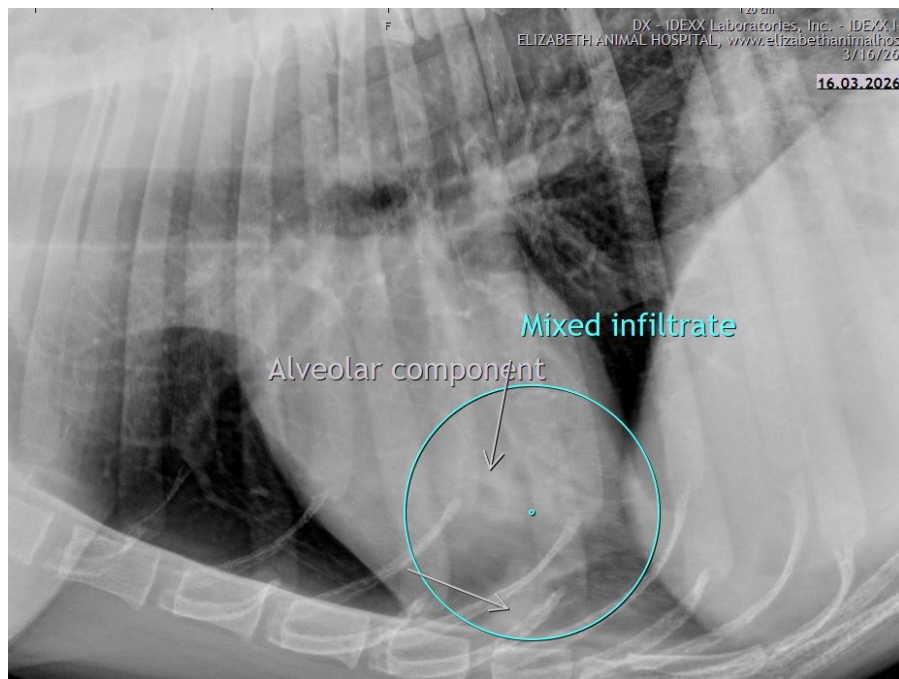
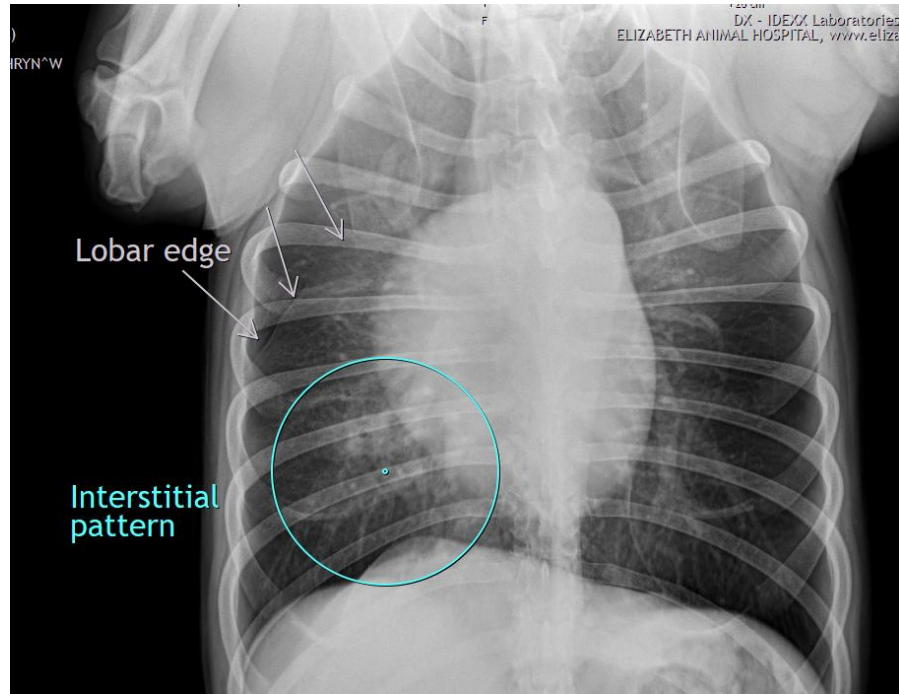
Jennifer Redus, DVM

INVOICE

74197

DATE

3-16-26





Teleradiology

Educational Teleconsultation Services™

PATIENT

Hugo Bozarth

SPECIES

Canine

BREED

Hound Mix

SEX

MN

AGE

7Y, 9M

WEIGHT

54.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Hayden

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

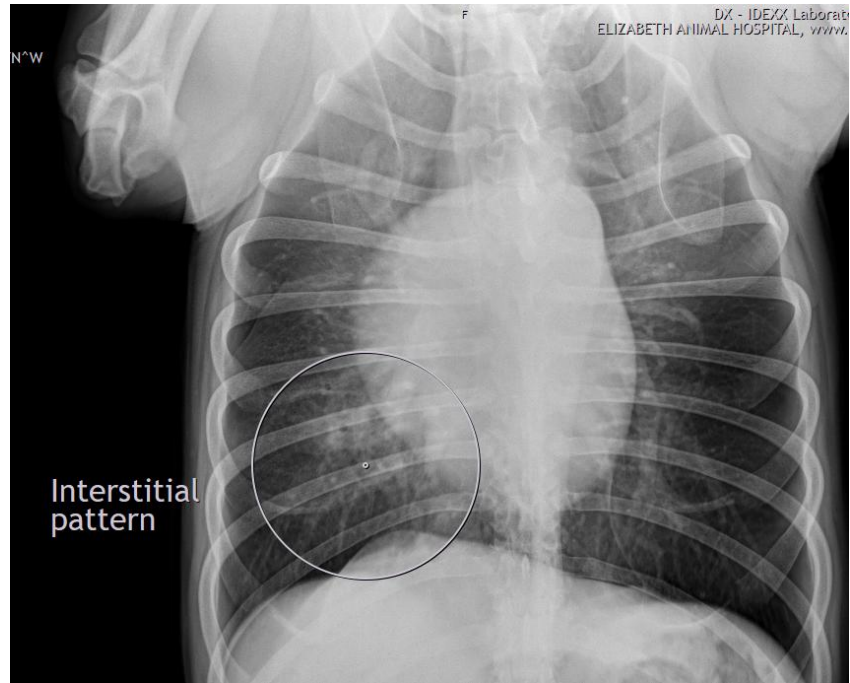
Jennifer Redus, DVM

INVOICE

74197

DATE

3-16-26



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