



PATIENT

Chewie Douglass

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

13Y

WEIGHT

22.1lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

DTLAvets

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Flores

INVOICE

74273

DATE

3-18-26

PRESENTING CLINICAL SIGNS

Chewie presents for a persistent cough over the past several weeks.

Hx: Hypothyroidism, Hx of spindle cell sarcoma, Left forelimb (Sx 2022).

Cough "dry" - r/o Respiratory (Infectious Bronchopneumonia, neoplastic, other) vs less likely Cardiac (r/o NDCM vs MXVD/other)

Overconditioned

Hypothyroidism (On Thyroxine)

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

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

The bone opacity is subjectively slightly reduced on the lateral views. Cortico-medullary differentiation is physiological.

The cranial mediastinum is of physiologic size and opacity. The terminal trachea diverges from the thoracic vertebrae, and the carina is located level with T5.

The degree of pulmonary expansion is fair at best. The cranial crus of the diaphragm is located at T9 and the dome is superimposed onto the caudal heart border. Pulmonary vessels visible, especially on the VD view. The bronchial tree shows proximal wall calcification.

The cardiac silhouette occupies 75% of the chest height and 3.5 intercostal spaces. On the VD it appears round without obvious chamber or outflow tract enlargement; the main stem bronchi are located well lateral.

The ventral liver lobes are rounded and located just within the costal arch. The gastric axis appears to be slightly caudally rotated.

RADIOGRAPHIC DIAGNOSIS

- Bronchial wall calcification
- Hepatomegaly, mild
- Beginning obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no metastases or pulmonary infiltrate. However, bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage can be useful; samples should be submitted for bacteriological and cytological examination. The position of the main stem bronchi can be the result of the expiratory view.

Obesity and a full stomach can make inspiration difficult and will result in poor expiratory views; other causes are abdominal mass and Cushing's disease. Depending on the clinical signs and biochemistry results abdominal imaging may be useful. Should a murmur be present, echocardiography is recommended.



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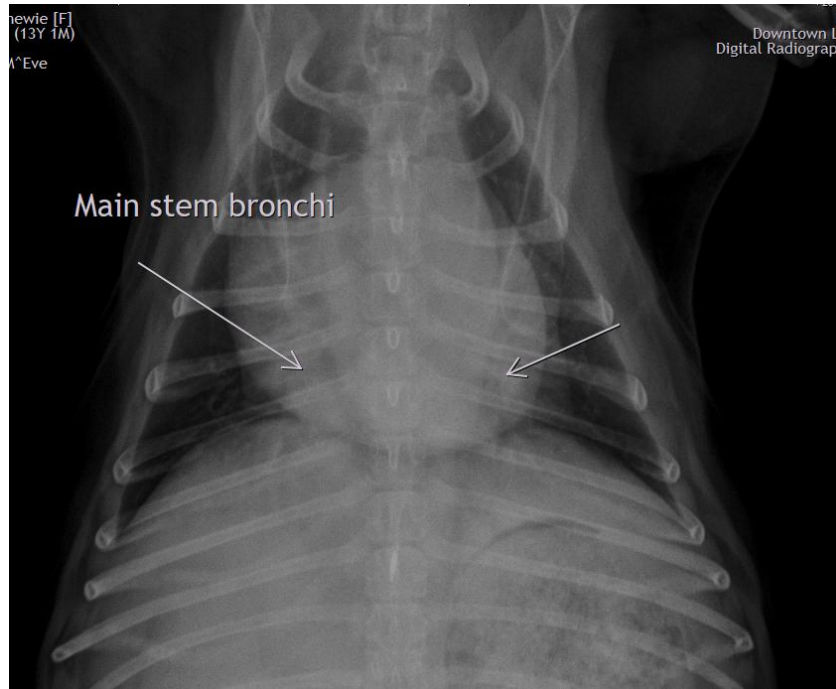
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com