



PATIENT

Jade Martinez

SPECIES

Canine

BREED

Husky

SEX

Female

AGE

2Y

WEIGHT

45lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

73996

DATE

3-2-26

PRESENTING CLINICAL SIGNS

Pt has a persistent cough, minimal improvement on antibiotics.

RADIOGRAPHS OF NECK, THORAX AND ABDOMEN

R/L lateral and VD, totaling 11 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

Neck

Hyoid apparatus and laryngeal cartilages appear physiological. The surrounding soft tissue structures appear physiological.

Thorax and Abdomen

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

The bony structures are within normal limits.

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5. Air is present in the cranial thoracic esophagus.

The degree of pulmonary expansion is very good with a gap between caudal heart border and dome of the diaphragm. The cranial crus of the diaphragm is level with T12 in both lateral recumbencies. The lung lobes extend to the thoracic boundaries. Pulmonary vessels are visible to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery but in right lateral recumbency small doughnuts and tramlines are visible.

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. Chamber or outflow tract enlargement is not obvious. Lung lobes extend caudo-ventrally to the cardiac silhouette, elevating it slightly from the sternum in both recumbencies.

Abdomen

Retroperitoneal and ventral abdominal fat positions the gastro-intestinal tract centrally; diaphragm and abdominal wall are intact.

The liver is located within the costal arch, and the caudo-ventral lobe is pointed.

The tail of the spleen is visible ventrally.

The stomach contains a small amount of air. Size and contents of the small intestinal loops appear physiological. Colon and rectum contain a small amount of formed fecal matter.

Both renal shadows are not clearly visible but don't appear enlarged. The bladder is moderately full.

The caudal sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Pulmonary overexpansion
- Bronchial pattern



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pulmonary overexpansion can be caused by the inability to fully exhale the alveolar air due to air trapping. This in combination with the mild peribronchial pattern needs further examination by means of trachea-bronchoscopy and broncho-alveolar lavage to identify a potential allergic reaction. This may benefit from nebulized corticosteroid inhalation.

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