



PATIENT

Buddy Eakin

SPECIES

Caninw

BREED

Fox Terrier

SEX

Neutered Male

AGE

5 Years 5 Months

WEIGHT

18.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jayden VA & Dr. Sergio
Valadez DVM

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Dr. Sergio Valadez
DVM

INVOICE

14520

DATE

03/20/26

PRESENTING CLINICAL SIGNS

Acute presentation of productive cough and inappetence. Noted coughing with green/yellow dark sputum. Did find rabbit fur in the back yard, history of eating rabbits.

Abnormal PE/Chem/CBC/UA Results: Intermittent productive cough noted on examination. Small amounts of hemorrhagic fluid produced when coughing. Eupneic with normal respiratory effort. Concern for left caudal lung lobe change on x-rays. Chem/CBC performed, but waiting on results. Temperature was elevated at 103.6 F.

RADIOGRAPHIC STUDY OF THE THORAX

R/L lateral and VD are provided, totaling 3 radiographs for interpretation (1x lateral abdomen neither requested nor evaluated)

20.03.2026

RADIOGRAPHIC FINDINGS

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

The bony structures appear physiological.

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 lung lobes extend to the thoracic boundaries. A mediastinal shift to the left is present. The ventral aspects of the caudal portion of the left cranial as well as the left caudal lobes are consolidated and show air-bronchograms. The cranio-ventral lobe shows a loss of clear vascular outline with patches of alveolar infiltrate.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS=11). The left cardiac outline between 3 and 6 o'clock is obscured by the pulmonary pathology.

RADIOGRAPHIC DIAGNOSIS

- Alveolar infiltrate ventral lobes left

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An alveolar pattern with mediastinal shift can be due to a combination of infiltrate and collapse. A ventral alveolar infiltrate indicates aspiration pneumonia; as more than one lung lobe is affected tumor is unlikely. Antibiotic treatment should be initiated and further radiographs obtained in 7-10 days. The absence of a radiographically visible megaesophagus does not rule out an esophageal motility disorder and Barium Fluoroscopy is recommended should further aspirations occur in the future. Laryngeal paralysis should be ruled out.



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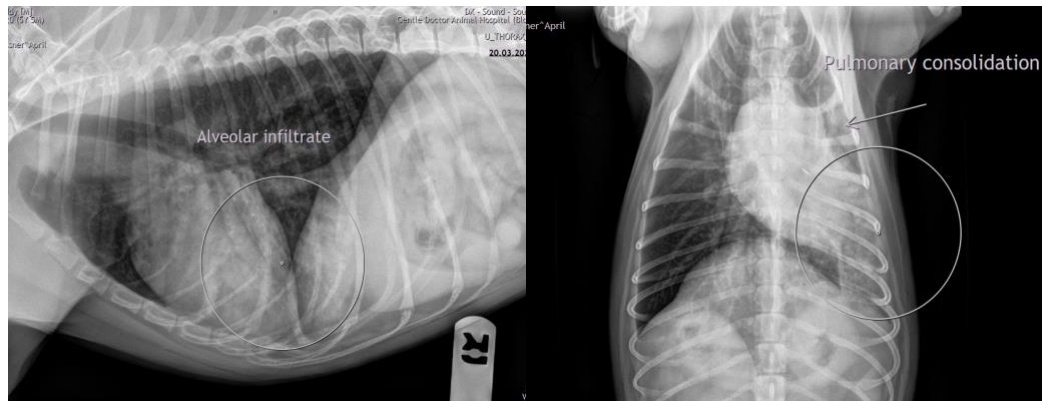
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com