

PATIENT

Chazzy Blatt

SPECIES

Canine

BREED

Papillion

SEX

Spayed Female

AGE

11 Years 8 Months

WEIGHT

19.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Taren Denny LVT &
Jennifer VA

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Dr. Bashara

INVOICE

14519

DATE

03/20/26

PRESENTING CLINICAL SIGNS

6-month history of progressive cough

Heart murmur with ECHO B1 mitral disease

Cough increase off Benazepril -- restarted and stabilized

Abdominal U/S with unilateral adrenal enlargement - UCCR screening not suggestive of Cushing's

Chest films today with panting at home and continued bouts of visible cyanosis with stressful activity

Abnormal PE/Chem/CBC/UA Results: UCCR = 7 Fecal = NPS Heartworm - Ag neg Chem/CBC - 8/2025 - ALP 494 only increase No current urine results

RADIOGRAPHIC STUDY OF THE THORAX

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

20.03.2026

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with a larger amount of s.c. fat on the right and dorsally. Small, calcified deposits are located on the shoulder blade and between dorsal spinous processes 8 and 9.

The thoracic dorsal spinous processes appear slightly reduced in opacity.

The cranial mediastinum is of physiologic width and opacity. The trachea converges with the thoracic vertebrae, and the carina is elevated. Splitting of the main stem bronchi is visible in right lateral and VD recumbency.

The degree of pulmonary expansion is fair at best. The vascular outline is generally decreased, and peripheral bronchi are highlighted. With inversion of the black and white scale multiple roundish opacities become evident. In left lateral recumbency an approx. 1cm large nodule is superimposed onto the caudal vena cava. In right lateral recumbency a small nodule is located at the ventral tip of the dorsal positioned rib 1 another one level with the aortic arch and a third one dorsal to sternebra 1.

The cardiac silhouette occupies 90% of the chest height and 4 intercostal spaces. Tenting of the left atrium is present, and the caudal heart border is straight. The tip of the left ventricle is positioned well to the left.

A pendulous ventral abdominal wall is present, the gastric axis is caudally rotated, and the liver extends beyond the costal arch.

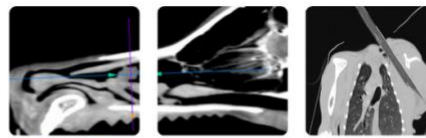
RADIOGRAPHIC DIAGNOSIS

- Cardiomegaly left more than right
- Interstitial infiltrate

Incidental findings

- Soft tissue calcification
- Hepatomegaly
- Pendulous ventral abdominal wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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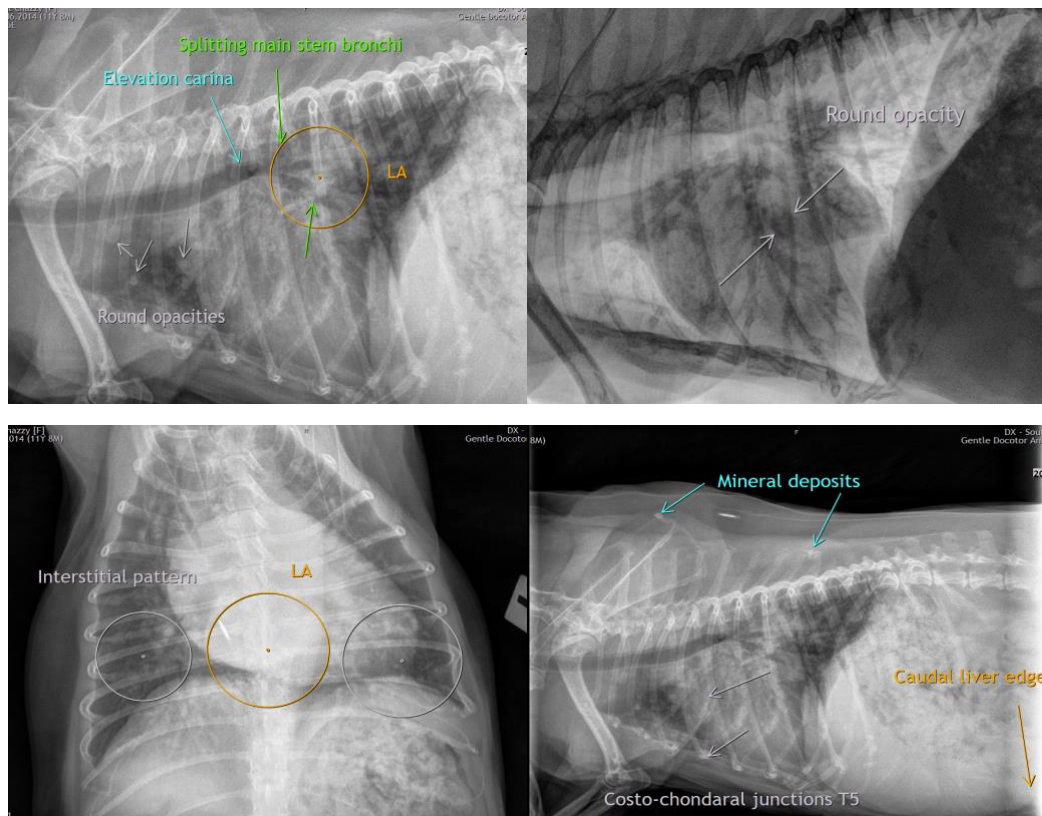
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The degree of cardiomegaly is difficult to assess radiographically and if sternum and spine are not level, the different aspects of the cardiac silhouette are highlighted. Nevertheless, the changes are highly suggestive of moderate mitral valve incompetence with regurgitation and pulmonary edema. Tracheal and/or bronchial collapse may accompany the disease and could worsen the clinical signs rapidly resulting in cyanosis. I suggest diuresis and repeating the echocardiography. The nodular structures likely represent artefacts due to the rotation but could also be polyps, granulomata or metastases. Repeating both lateral views after diuresis in deep inspiration with sternum and spine at the same level can help rule out metastases.

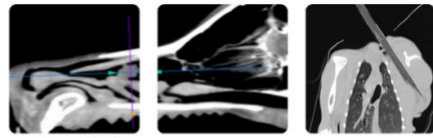
The incidental changes are highly suspicious of Cushing's disease and ACTH stimulation or low dose dexamethasone suppression tests (LDDST) are recommended. One advantage of the LDDST over other screening tests is its ability to differentiate pituitary dependent hyperadrenocorticism from adrenal tumor. Prior to this full biochemistry and hematology results should be evaluated, especially the ALP activity. Specific gravity and protein content of the urine should be checked.

Rotation thorax both lateral recumbencies



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



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can be of any further assistance, please contact me.

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info@sonopath.com

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