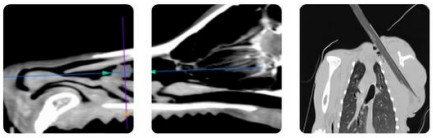


PATIENT

Can Tyson Policia de PR

SPECIES

Canine

BREED

Belgian Malinois

SEX

Male Intact

AGE

6Y

WEIGHT

67lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Alondra Aviles Lopez

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr. Karina Miranda

INVOICE

74289

DATE

3-23-26

PRESENTING CLINICAL SIGNS

P presented for hindlimb abscess formation due to trauma or insect bite last Friday while working at the forest. Upon physical exam, p seemed to have abdominal effort. Loud bronchovesicular sounds auscultated. P had a heat stoke event a few months ago and works as a K9 agent with narcotics. Radiographs taken to rule out any pulmonary abnormalities.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC: 17.31 NEU: 12.63 MONO: 2.19 CHEM: GLOB: 5.5 ALT:225

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 5/9 with smooth, alternating layers of fat and soft tissue opacity.

A smoothly outlined bony hook is located at the costo-sternal junction 5

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The lung lobes extend to the thoracic boundaries. Right and left crus of the diaphragm are level with T13/L1, a gap is present between caudal heart border and dome of the diaphragm, and the diaphragmatic angle is steep. The vascular outline of middle and caudal lobes is decreased, and a ground glass opacity occupies the lungs ventral to the caudal vena cava (CVC). The cranial lobar vessels are reduced in diameter. The cranio-ventral heart border is outlined by a radiolucent line in both lateral recumbencies.

The cardiac silhouette occupies 7% of the chest height and 2.5 intercostal spaces (VHS=10). Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Pulmonary overexpansion
- Interstitial infiltrate

Incidental findings:

- Bronchial calcification
- Costo-sternal new bone

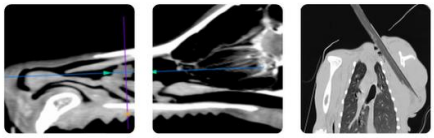
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern in combination with pulmonary overexpansion is due to infiltrate and air trapping. Differential diagnoses include:

- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)
- Edema
- Diffuse hemorrhage

Less likely:

- Tumor (e.g., lymphoma)



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Fecal samples should be obtained to rule out parasites. Tracheo-bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. The lucent line cranial to the heart and reduction of cranial lobar vessel size is due to overinflation of the cranio-ventral lobes.

WBC count appears slightly elevated (normal range 5-14 × 10^9/L). Infection could be secondary to the previously sustained abscess. Taking a normal range for ALT to be 5-95 u/L, the given value of 225 is slightly elevated should be monitored after the pulmonary infiltrate has cleared. Further examinations regarding liver infiltrate may have to be carried out.

Heat stroke should be avoided at all cost because short-term heat exposure in people leads to a reduced lung function and airway injury. It is thought that high temperature exposure may disrupt the balance between commensal and pathogenic bacteria in the upper respiratory tract, potentially increasing the vulnerability to respiratory infections. (Yixiang Zhu et al, Environment & Health Vol 3/Issue 11,2025)

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com