



PATIENT

Perry Slivka

SPECIES

Canine

BREED

Terrier

SEX

Male

AGE

17

WEIGHT

20.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kristin Potenzzone
DVM

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Kristin Potenzzone
DVM

INVOICE

14713

DATE

03/27/26

PRESENTING CLINICAL SIGNS

coughing

lung lesion

RADIOGRAPHIC STUDY OF THE THORAX

R/L lateral and VD are provided, totaling 4 radiographs for interpretation.

Undated non-DICOM images

RADIOGRAPHIC FINDINGS

The body condition score is 5/9 with little intermuscular fat.

Rib 13 on the left is not ossified.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located level with T5. In the straight right lateral recumbent view the tracheal air space is dramatically reduced by a crescent shaped, dorsal soft tissue opacity.

The degree of pulmonary expansion is fair at best. A round soft tissue opacity with a diameter of two thoracic vertebrae is partially superimposed onto T6-8, resulting in an increased vertebral opacity. On the VD view it is located in the region of the left main stem bronchus.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Soft tissue mass left cranio-dorsal lobe
- Tracheal collapse

Incidental finding

- Missing rib 13, left

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A round pulmonary mass is usually the result of metastases or represents a primary tumor (lung, pleura). Differential diagnoses include granuloma and abscess; both usually have irregular borders. Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse can be due to malformation or an altered cartilage development which may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g., pneumonia, bronchitis, L cardiac enlargement) reduces the ease of airflow. The gold standard for imaging both pathologies is tracheo-bronchoscopy. A sample should be obtained from the left caudal lobe for cytology and bacteriology. An attempt can be made to ultrasound the mass from dorsal and intercostally.



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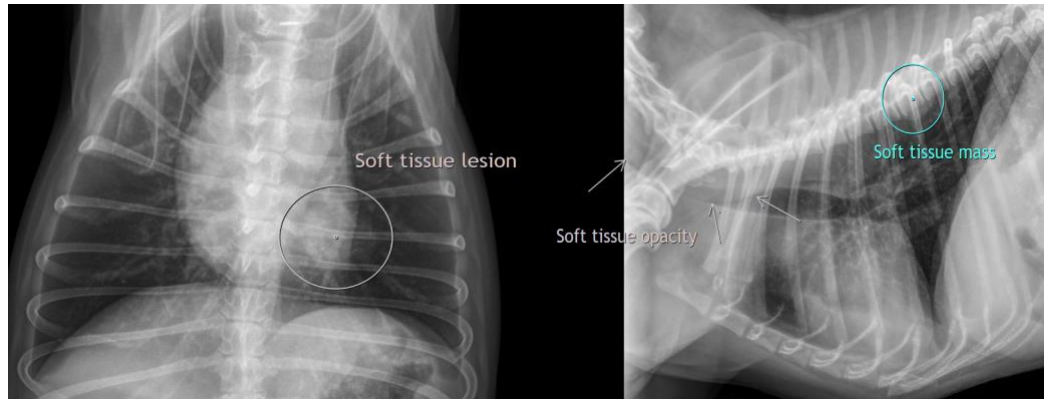
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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