



## PATIENT

Can Tyson Unidad  
Canina PR

## SPECIES

Canine

## BREED

Belgian Malinois

## SEX

Intact Male

## AGE

6 Years

## WEIGHT

63 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melanie Mendez

## HOSPITAL NAME

Paseos VC

## REFERRING VET

Dr. Karina Miranda

## INVOICE

36540

## DATE

4/10/26

## PRESENTING CLINICAL SIGNS

History: Previous study- March 23, 2026, no clinical signs reported by handler, but increased respiratory effort noted on PE.

P presented today for exercise intolerance, tachypnea, lethargy and anorexia. P is febrile 103, weight loss noted (4lb). Bronchoalveolar lavage apt for next MON.

Abnormal PE/Chem/CBC/UA Results: Worsening leukocytosis, neutrophilia.

## RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 5/9.

Crescent shaped, thin bone structures are located at the junction between costal cartilages and sternbrae 4-6.

The cranial mediastinum is of physiologic size; the cranial vena cava is just visible. The terminal trachea diverges from the thoracic vertebrae and dips at the carina. A soft tissue line is located dorsal to the carina in right lateral recumbency (RLR).

The degree of pulmonary expansion is very good with a gap between caudal heart border and dome of the diaphragm. The latter has an undulating surface and the cranial crus of the diaphragm is located at caudal T13.

The lung lobes are well expanded and extend to the thoracic boundaries. In RLR a mixed infiltrate is located dorsal and ventral to the caudal vena cava. In left lateral recumbency (LLR) the caudal lobes show a loss of clear vascular outline with highlighted bronchi. Some doughnuts are visible. The main bronchial walls are calcified. A mild ground glass appearance is present just dorsal to the cranial sternum. On the VD the mixed infiltrate is best seen in middle, caudal and accessory lobes.

The cardiac silhouette occupies 70% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Mixed lung infiltrate
- Pulmonary overexpansion
- Possible mild bronchial lymph node enlargement

Incidental finding

- Bronchial wall calcification

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A mixed lung infiltrate affecting more than one lobe and clinical signs of infection is the result of pneumonia

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

Respiratory viruses can predispose dogs to opportunistic bacterial lung infections. Fecal samples should be obtained to rule out parasitic diseases. Pulmonary overexpansion indicates dyspnea and broad-spectrum antibiotic treatment should be started after the samples for bacteriology have been



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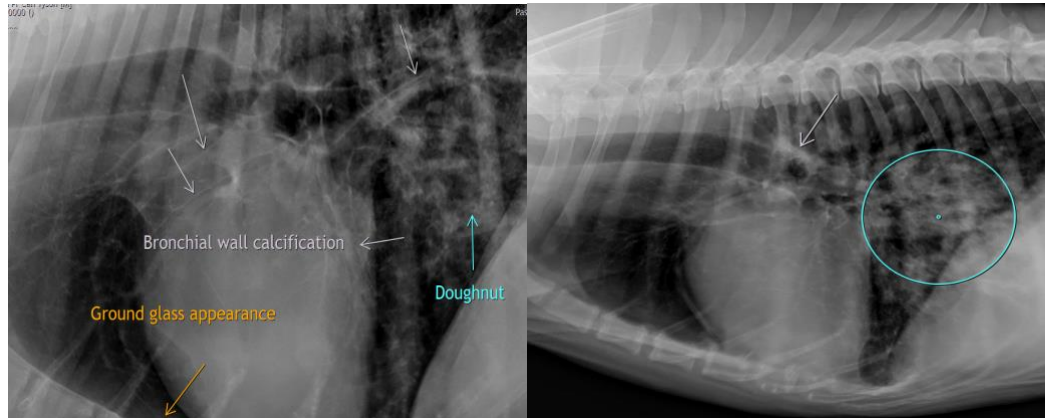
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obtained. The radiopaque line dorsal to the trachea may represent an enlarged lymph node but could also be an artefact due to rotation, especially as it is not visible in LLR. Follow up radiographs are advised 7-10 days after treatment has been initiated.



**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**  
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