



PATIENT

Preston Anderson

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

14 Years 1 Month

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Valentina

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

36475

DATE

4/3/26

PRESENTING CLINICAL SIGNS

History: P began coughing yesterday, which was severe last night but stopped this morning.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade IV/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. No crackles or wheezes present. No cough on tracheal palpation.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7/9 with smooth, alternating layers of fat and soft tissue opacity.

Ventral spondylosis is present on C7/T1

The cranial mediastinum is of physiologic size and opacity. The terminal trachea diverges slightly from the thoracic vertebrae, and the carina is located level with T5.

The lung lobes are well aerated and extend to the thoracic boundaries. The outline of the pulmonary vasculature is blurred and bronchi are highlighted. Vessel size is within the normal range. Mild bronchial calcification is present, and the occasional, thin doughnut is evident.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces (VHS=11). The caudal heart border is straight and mild tenting of the left atrium is present. The main stem bronchi are slightly laterally displaced.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Bronchial component, mild
- Cardiomegaly, left sided
- Possible tracheal collapse

Incidental finding

- Spondylosis
- Obesity, mild

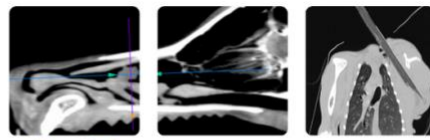
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding and accentuated by obesity. Possible differential diagnoses for a true infiltrate include:

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

Fecal samples should be obtained to rule out parasites. Should a short course of diuretic treatment not alleviate the cough, tracheo-bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination.

Tracheal collapse can be mimicked by overlying soft tissue structures when thoracic rotation is present. Tracheal in combination with bronchial collapse is usually due to 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.



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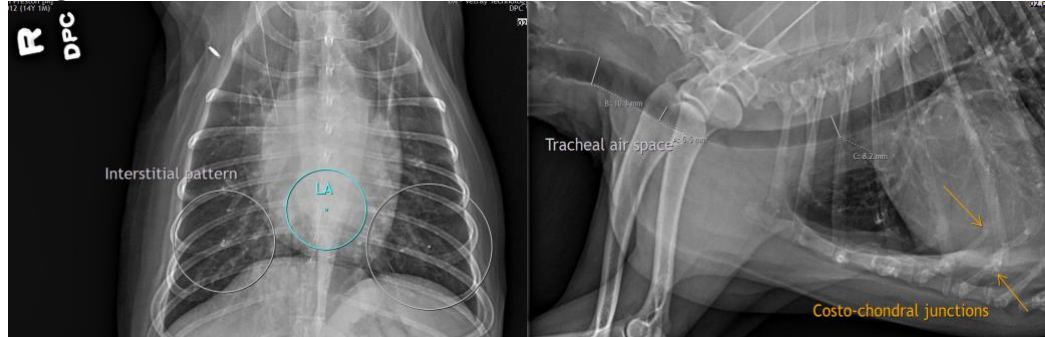
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Tracheo-bronchoscopy is necessary for confirmation. Echocardiography to assess cardiac function and valvular appearance is suggested. Should an underlying disease be present treatment may improve the clinical signs.



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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