



## PATIENT

Harry Rogers

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

MN

## AGE

2Y, 10M

## WEIGHT

89

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Taren, LVT, Monica

## HOSPITAL NAME

Gentle Doctor Animal  
Hospital

## REFERRING VET

Dr. A Taplett

## INVOICE

74828

## DATE

4-30-26

## PRESENTING CLINICAL SIGNS

History of lethargy, panting, coughing and decreased appetite for the past week. Down 10lbs from January. Heartworm test in January was negative. Not on prevention. Goes on hikes in Nebraska. No recent travel

Abnormal PE/Chem/CBC/UA Results: Exam with increased respiratory effort, tachypnea and dry hacking cough. Lymph nodes palpate normally. Mildly dehydrated with tachy pale pink gums. CBC/Chem is pending, serum noted to be icteric

## RADIOGRAPHS OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

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

Mild spondylosis is present on the cranial endplate of T11. The ribs are straight and parallel each other.

The lung lobes extend to the thoracic boundaries. A generalized reticulo-nodular pattern is present. Some of the nodules are round, others more oval shaped and some contain a central bronchus. Confluences of the nodules is present cranio-ventrally. Air-bronchograms are present in the left cranio-ventral lobe. On one VD view the left cranial bronchus appears to be displaced laterally.

Esp. in left lateral recumbency the cardiac silhouette is slightly elevated from the sternum by an aerated lung lobe. It occupies 75% of the chest height and 2.5 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

Cranial abdominal detail is reduced, and the gastric axis is cranially rotated.

## RADIOGRAPHIC DIAGNOSIS

- Generalized reticulo-nodular infiltrate
- Lobar consolidation, left cranio-ventral lobe
- Dyspnea

Incidental findings:

- Reduced hepatic size
- Reduced cranial abdominal detail

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A nodular interstitial infiltrate in a young dog is less likely malignant, esp. as bronchi are visible centrally in some nodules. This suggests the infiltrate to be related to the bronchial tree which makes eosinophilic pulmonary granulomatosis more likely. Nevertheless, differential diagnoses including parasitic (e.g., angiostrongylus), mycotic, protozoal or bacterial (e.g., mycobacterium) diseases have to be considered. Obtaining a sample for cytology and bacteriology is recommended; further tests may become necessary. However, hematology may already provide more information, esp. regarding eosinophilia. Depending on the severity of the clinical signs, it may be necessary to start cortisone and antibiotic treatment before the results of the samples are back.

Further examination of the possible icterus is recommended, and ultrasound of the abdomen is recommended as an initial tool.



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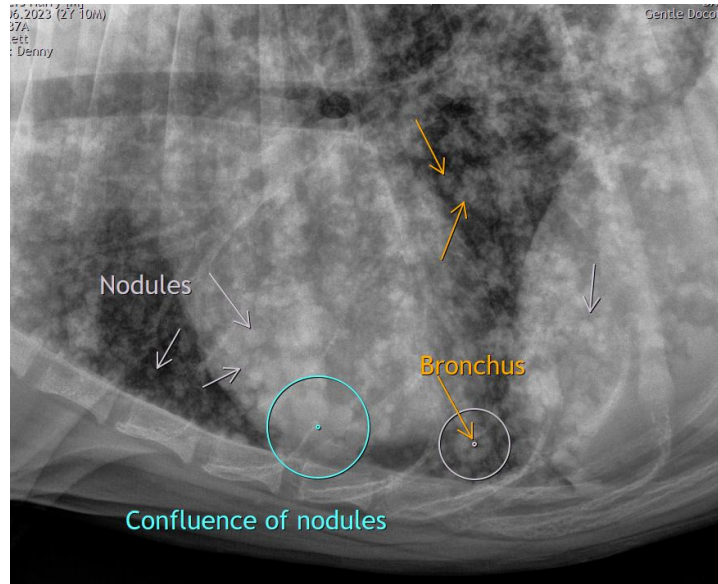
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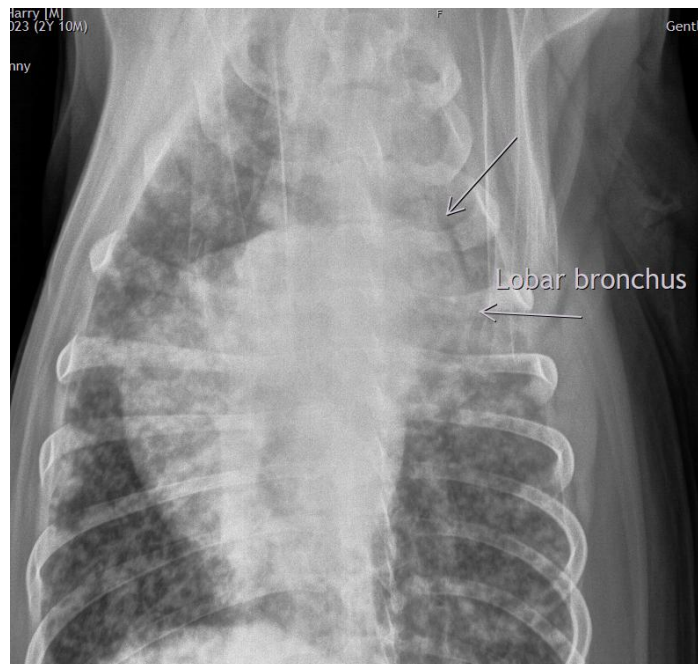
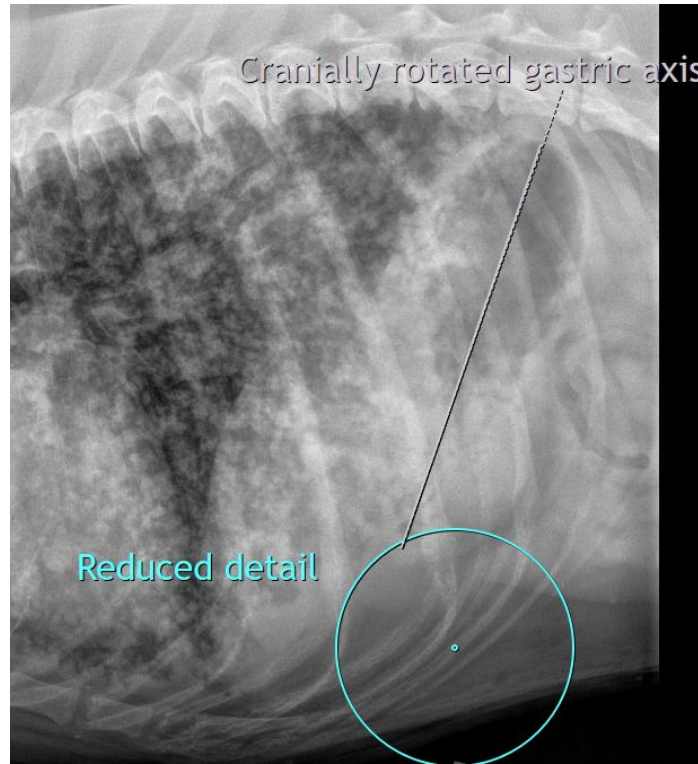
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)