



PATIENT

Gracie Bender

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

11 Years 8 Months

WEIGHT

67.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Allison

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson DVM

INVOICE

15716

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Gracie has been coughing like something is stuck in her throat for the past couple of weeks. She doesn't do it all the time, usually only a couple times a day, but last night she was gagging for a longer period of time and coughed up some white foam. She hasn't been anywhere new recently (was in for librela last week). Her energy and appetite is good.

PE: WNL

RADIOGRAPHIC STUDY OF THE THORAX

R lateral and DV are provided, totaling three radiographs for interpretation.

01.05.2026

RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

Arthrosis is present in the elbow joints.

The cranial mediastinum appears to be of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. One main stem bronchus is orientated ventrally.

The degree of pulmonary expansion is fair at best. Pulmonary vessels are just visible, bronchi are highlighted.

The cardiac silhouette occupies 90% of the chest height and almost 4 intercostal spaces (VHS=13.5). The caudal heart border is straight, the contact with the diaphragm in the DV view is increased, the cardiac silhouette appears slightly rounded and cardiac width is slightly more than the ¾ of the thoracic width.

RADIOGRAPHIC DIAGNOSIS

- Gen. cardiomegaly
- Interstitial pattern

Incidental finding

- Elbow arthrosis

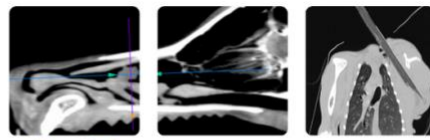
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiomegaly may be due to the expiratory nature of the films but more likely represents disease such as DCM and/or pericardial effusion. Echocardiography is recommended.

An interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

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

Poor lung inflation can be due to fibrosis or represent the expiratory phase. If cardiac disease is not present, fecal samples should be obtained to rule out parasites. Bronchitis can be present without



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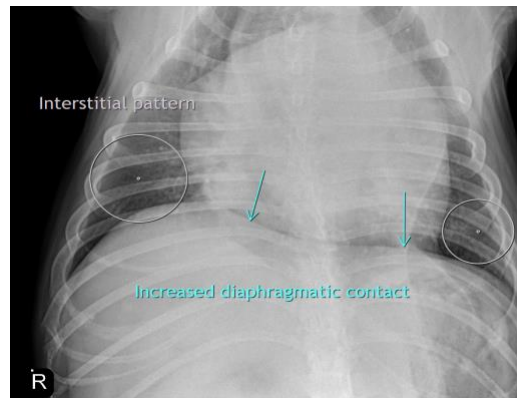
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radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination.



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