



PATIENT

Oliver McCrossin

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

8 Years 2 Months

WEIGHT

9.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Madi

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Feldt

INVOICE

15721

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Persistent cough and worsening respiratory signs.

Abnormal PE/Chem/CBC/UA Results: Cardiovascular/Respiratory: Grade V/VI heart murmur. Mild crackles bilaterally. Mild upper airway wheezing. 1. Chronic cough and exercise intolerance, r/o chronic bronchitis (allergic or infectious) vs. cardiac disease (left atrial enlargement, cardiomegaly). 2. Congestive heart failure (left-sided) r/o progression vs. bronchial compression secondary to marked left atrial enlargement. 3. Chronic nasal congestion, r/o upper airway disease vs. extension of lower airway inflammation. 4. Grade V/VI heart murmur, likely mitral valve disease.

RADIOGRAPHIC STUDY OF THE THORAX

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

01.05.2026

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with a moderate amount of dorsal s.c fat.

T11/12: spondylosis. L2/3: the disc space is reduced and ventral spondylosis is present; similar changes appear to be present in the caudal cervical spine. The last sternbra is short.

The cranial mediastinum is of physiologic size and opacity. The trachea converges with the thoracic vertebrae and the carina is raised.

The lung lobes extend to the thoracic boundaries. The vascular outline is slightly blurred. Peripheral bronchi are highlighted

The cardiac silhouette occupies 95% of the chest height and 4 intercostal spaces (VHS=12). The caudal heart border is slightly straight, moderate tenting of the left atrium (LA) is present, accompanied by a bulge at 2.30 o'clock on the DV and lateral displacement of the main stem bronchi. A bulge is also present at 9-10 o'clock.

RADIOGRAPHIC DIAGNOSIS

Cardiomegaly, generalized

- Bi-atrial enlargement
- Interstitial pattern
- Bronchial compression

Incidental finding

- L- and possibly C-spine disc disease
- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A generalized cardiomegaly with bi-atrial enlargement is highly suggestive of DCM. However, in small dogs, primary valvular disease (endocardiosis) is more common and the left side of the heart can become so big that the right side appears to be enlarged as well. Echocardiography is strongly recommended. The interstitial pattern likely represents edema. Less likely differential diagnoses are

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



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- Diffuse hemorrhage
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

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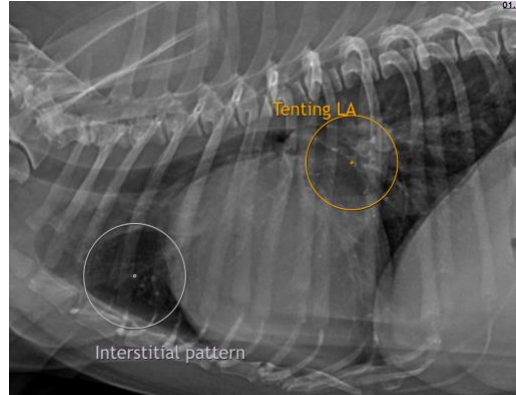
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Severe tracheal displacement and displacement of the bronchi are likely to increase the respiratory distress; collapse may follow if severe dyspnoea occurs.



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.

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