



PATIENT

Sunny Johnson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12

WEIGHT

74.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kristin Potenzzone
DVM

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Kristin Potenzzone
DVM

INVOICE

15722

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Coughing. Collapse / seizure like event. BW pending

RADIOGRAPHIC STUDY OF THE THORAX

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

Undated Non-DICOM images

RADIOGRAPHIC FINDINGS

The body condition score is 7-8/9 with smooth, alternating layers of fat and soft tissue opacity.

Thoracic ventral spondylosis is present.

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

The degree of ventral pulmonary expansion is fair. All lung lobes extend to the thoracic boundaries. The right caudo-ventral lobe is of soft tissue opacity. All bronchi are highlighted and the main stem bronchus is dilated. The main stem bronchi for the cranial lobes show calcified walls and one of them is slightly dilated. A loss of clear vascular outline with highlighting of bronchi is especially well visible in the left cranio-ventral lobe, just dorsal to the sternbrae. A similar, reticular opacity affects the left caudal lobe.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Consolidation R caudo-ventral lobe
- Interstitial pattern
- Bronchiectasis

Incidental finding

- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consolidation of a ventral lobe is likely due to aspiration pneumonia which can be caused by laryngeal paralysis, esophageal motility disorder or dysphagia. Foreign body pneumonia, tumor, granuloma and hemorrhage have to be considered. The bronchiectasis indicates chronicity. The changes are in close proximity to the thoracic wall, samples can be obtained with the help of ultrasound. Tracheo-bronchoscopy with BAL is recommended to look for foreign material. Samples should be submitted to cytology and bacteriology.



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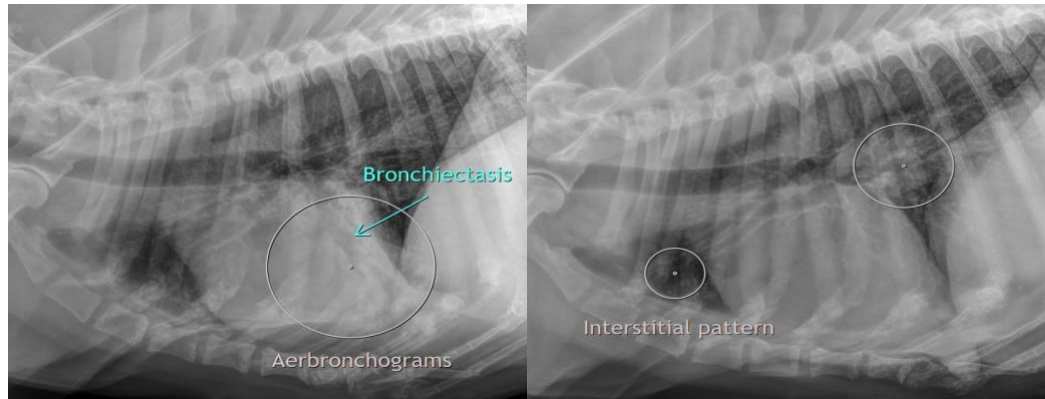
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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., DipECVDDI, DVR
info@sonopath.com