



PATIENT

Sunny Johnson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12

WEIGHT

73.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kristin Potenzzone,
DVM

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Kristin Potenzzone,
DVM

INVOICE

16455

DATE

05/22/26

PRESENTING CLINICAL SIGNS

RECHECK RAD REVIEW (5.1.2026) - seizure and pneumonia - doxy treatment today recheck xrays post abx therapy - large mammary mass on right ventral thorax - suspected summation in lung vs soft tissue mass

Abnormal PE/Chem/CBC/UA Results: no coughing - no seizures

RADIOGRAPHIC STUDY OF THE THORAX

L lateral and VD are provided, totaling 2 radiographs for interpretation.

Undated non-DICOM images

RADIOGRAPHIC FINDINGS

The body condition score is 7/9. A figure of 8 shaped soft tissue opacity is located ventral to the xiphisternum

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. A small amount of air is located in the cranial thoracic esophagus.

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

The degree of pulmonary expansion is fair at best. The lung lobes are slightly displaced from the thoracic boundaries by fat. On the VD view a loss of clear vascular outlined is accompanied by highlighting of bronchi in both caudal lobes. On the lateral view the bronchus over the caudal heart border is highlighted by an accompanying soft tissue opacity. A nodular opacity is located level with ribs 8 and 9 on the right. It is not visible in the lung parenchyma on the lateral view.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern caudal lobes
- Bronchial enhancement R caudo-ventral lobe
- Nodular opacities ventral to xiphisternum

Incidental finding

- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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:

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

Less likely here

- Diffuse hemorrhage
- Early idiopathic fibrosis



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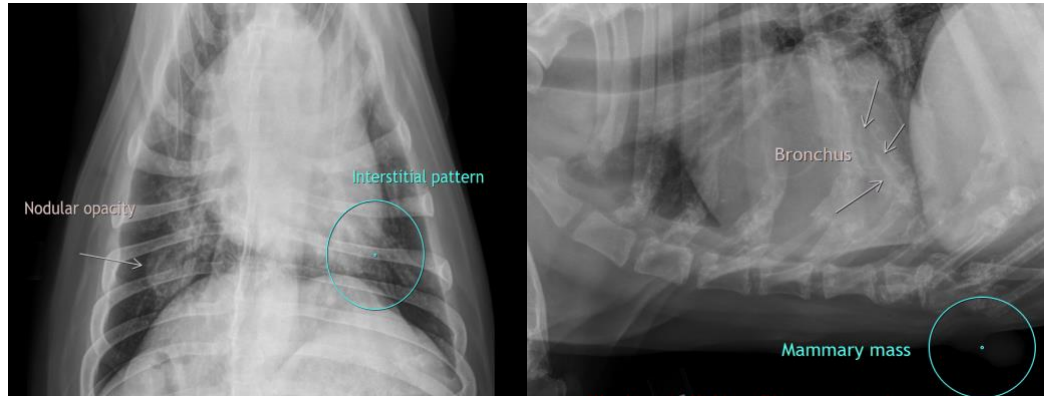
DATE

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- Tumor (e.g., lymphoma)

The pulmonary changes over the caudal heart border are highly suspicious for infiltrate in the right caudo-ventral lobe. Bronchoscopy with broncho-alveolar lavage is recommended in case a foreign body has been inhaled. Samples should be submitted for bacteriological and cytological examination. Swallowing problems can lead to aspiration pneumonia thus laryngeal paralysis should be ruled out. These recommendations will vary, depending on what has already been done and what the previous images showed.

The apparent nodule on the VD view could represent the overlying mammary mass. Visual inspection should be used for evaluation. Alternatively, both views can be repeated under G.A. in deep inspiration.



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