



PATIENT

Liso Saxbury

SPECIES

Canine

BREED

Standard Poodle

SEX

Male

AGE

6Y, 9M

WEIGHT

65lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

74871

DATE

5-4-26

PRESENTING CLINICAL SIGNS

Came on 4pm yesterday, all of a sudden, worsened over night.

One mo. ago- one cough.

Live with inlaws on same property, but not other dogs.

Every now and then. At home all day and coughed when stood up.

Panting, worse when moves

Cough when stands, deep and wet. Sometimes like trying to throw up

Abnormal PE/Chem/CBC/UA Results: PE: Nose/Throat: Cough with tracheal palpation

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 5/9.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae, and the carina is located level with T5.

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

The lung lobes are well aerated and extend to the thoracic boundaries. Due to respiratory movement the caudal thoracic structures are blurred on both lateral views. In left lateral recumbency the cranial lobes show a mild reticular pattern with blurred vascular outline. In right lateral recumbency, the pulmonary vessels are well outlined to the tertiary branches. In both lateral views the diameter of the cranial lobar vessels is less than 50% of the proximal third of rib 3. On the VD mild blurring of the vascular outline is evident in the caudal lobes, peripheral bronchi are highlighted.

A large amount of gas is present in the descending duodenum.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Hypovolemia, mild

Incidental finding:

- Duodenal distension with gas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding and accentuated by movement blur and rotation. 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)



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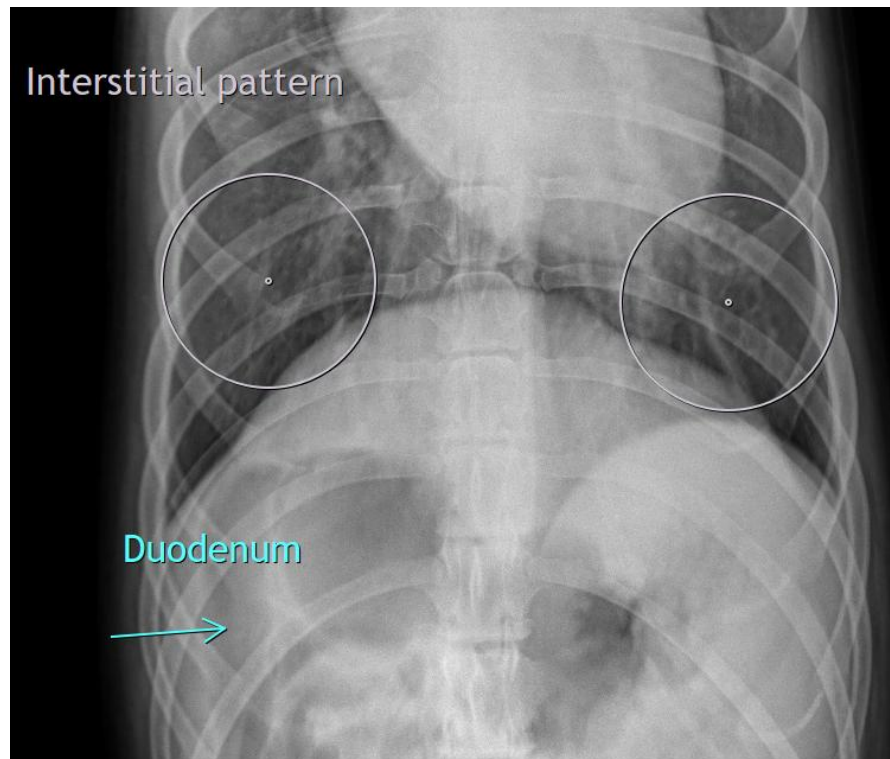
- Edema
 - Diffuse hemorrhage
- Less likely are:

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

Fecal samples should be obtained to rule out parasites.

Tracheitis may be present due to viral disease. Laryngeal paralysis should be ruled out. Tracheo-bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination.

In case of a continuing worsening of the dyspnoea in association with worsening of the interstitial pattern despite treatment, paraquat poisoning should be considered.





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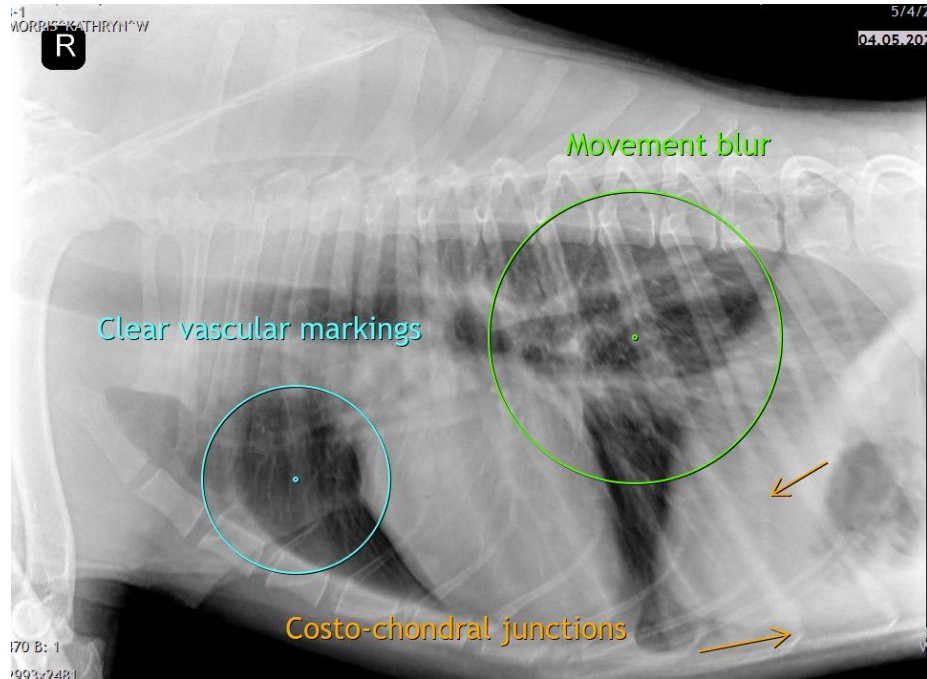
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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