



## PATIENT

Gypsy Borggaard

## SPECIES

Canine

## BREED

Boxer

## SEX

Spayed Female

## AGE

10 Years 9 Months

## WEIGHT

57.4 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katy Borzillo

## HOSPITAL NAME

Elizabeth AH

## REFERRING VET

Leon Anderson, DVM

## INVOICE

37026

## DATE

5/6/26

## PRESENTING CLINICAL SIGNS

History: Breathing seems a little rough sometimes, mostly in the afternoon, like she's using more effort to breath. Has been off and on for the last 3-4 weeks. Happens when resting or after activity but is worse after activity. Doesn't happen all the time.

Abnormal PE/Chem/CBC/UA Results: PE: Eyes: Lenticular sclerosis typical for age. Ears: Haired skin tag at base of dorsal right ear. Mouth/Teeth: Significant gingival hyperplasia. Abdomen: Soft tissue oval subcutaneous movable mass just to the right of the xiphoid. Anal Glands: Very full and due for expression. Coat/Skin: Skin tag mass papule on cheek below right ear. Skin tag on right elbow. Nails long. Haired skin tag at base of dorsal right ear. Musculoskeletal: Crepitus in both stifles.

## RADIOGRAPHIC STUDY OF THE THORAX

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

Spondylosis is present in the caudal thoracic spine.

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 cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces A chamber or outflow tract enlargement is not obvious.

The degree of pulmonary expansion is fair. The lung lobes extend to the thoracic boundaries. A wedge shaped, alveolar patch is present between ribs 6 and 7 on the right. This is not seen in the lateral recumbent views. Pulmonary vessels are well outlined to the secondary branches on the lateral views; the outline of the tertiary vessels is blurred. The bronchial tree is thin walled, calcified and tapers towards the periphery. Mild peri-bronchial thickening is present in the caudal lobe, dorsal to the caudal vena cava.

## RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial component
- Alveolar patch R caudal lobe (VD only)
- Bronchial calcification

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,)
- Edema

Less likely

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



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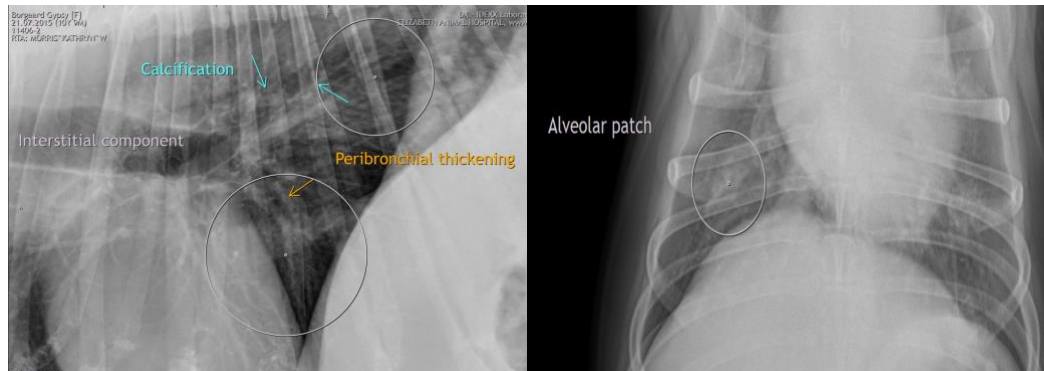
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Fecal samples should be obtained to rule out parasites. Bronchitis can be present with little or no radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is recommended should the clinical signs persist; samples should be submitted for bacteriological and cytological examination. The alveolar patch could represent a composite shadow, or partial atelectasis due to prior R lateral recumbency or a localized infiltrate.



**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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR**  
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