

## PATIENT

Mako Goodwin

## SPECIES

Canine

## BREED

Belgian Malinois

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

92.7 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Iyana

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

Dr. Rivera

## INVOICE

37027

## DATE

5/6/26

## PRESENTING CLINICAL SIGNS

History: P had history of right cranial lobectomy and post-op median sternotomy (04/08/26), P has had an increased regular respiratory rate since this am. Approx. 2 weeks ago went to the ER due to similar episode of mildly increased breathing and resp. effort. Radiographs were performed and showed decreased R-sided lung volume consistent with historical R cranial lung lobectomy, otherwise normal thorax.

Abnormal PE/Chem/CBC/UA Results: 2) CBC: WBC 29.41 (5.05-16.76), NEU 25.77 (2.95-11.64), MONO 1.44 (0.16-1.12), BASO 0.13 (0.00-0.10) Assessment: Hx of right cranial lobectomy and post-op median sternotomy (04/08/26) Tachypnea - suspect pneumonia

## RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

Figure of 8 wires are present in the sternum.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. The cardiac silhouette is displaced from the sternum by fat. It occupies 75% of the chest height and 2.5 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

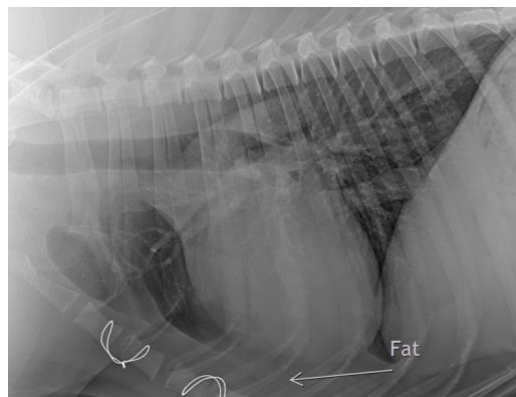
The right cranial lobe is missing; the R middle lobe extends to the first intercostal space. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

## RADIOGRAPHIC DIAGNOSIS

- Situation post right cranial lobectomy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no reason for the clinical signs. Bronchitis can be present without radiographic evidence, and it can take some time before pneumonia shows radiographic evidence, thus re-radiographing the dog when signs get worse can be helpful. Nevertheless, bronchoscopy with broncho-alveolar lavage is the gold standard for diagnosis lung infiltrate; samples should be submitted for bacteriological and cytological examination. Signs of tonsillitis and tracheitis should be looked for.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**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

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