



PATIENT

Cashay Bollman

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

20 Weeks

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sydney Thorson

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Dr. Sydney Thorson

INVOICE

37025

DATE

5/8/26

PRESENTING CLINICAL SIGNS

History: Purchased from breeder ~2 months ago. Since then, has vomited (suspect actually regurgitating) almost daily. Eating/drinking eagerly. No diarrhea. Regurgitation will occur either immediately after eating or can occur hours later.

Abnormal PE/Chem/CBC/UA Results: N/A Concern for persistent right aortic arch with secondary megaesophagus on thoracic radiographs

RADIOGRAPHIC STUDY OF THE THORAX

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

The open growth plates are compatible with the given age. T13 is wedge shaped. Variations in size and shape of other thoracic vertebrae is present.

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

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces. The tip of the heart is located to the left of the midline and appears prominent.

The degree of pulmonary expansion is fair. Blurring of the vascular outline with bronchial enhancement is present in the caudal lobes. The bronchial walls are partially calcified. In the right caudal lobe the impression is that of luminal variation in the proximal lobar bronchus.

Barium study: the second bolus outlines a pouch like structure in the cranial thoracic esophagus which seems to resolve quickly. In the studies labelled 1st bolus and after 2nd bolus, a physiological linear esophageal pattern is present. The stomach is distended with food mixed with Barium.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Possible bronchiectasis R caudal lobe
- Variable presence of esophageal pouch

Incidental findings

- Congenital vertebral anomalies, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no evidence of VRA or generalized megaesophagus. The cranial esophageal pouch appears to be transient. It may fill with food if solids (e.g., kibbles) are fed. Bringing up food hours after feeding can be due to sliding hiatal hernia or gastro-esophageal reflux; both of which represent a weak gastro-esophageal junction. Esophagoscopy is recommended. I suggest feeding the dog little and often so that the full stomach does not push against the diaphragm and perhaps from a height. Depending on the success of this treatment further imaging (Barium Fluoroscopy) may become necessary. Should no respiratory signs be present, the interstitial pattern is most likely an incidental finding. Otherwise, interstitial pneumonia may be present. Should a murmur be detectable, echocardiography is advised.



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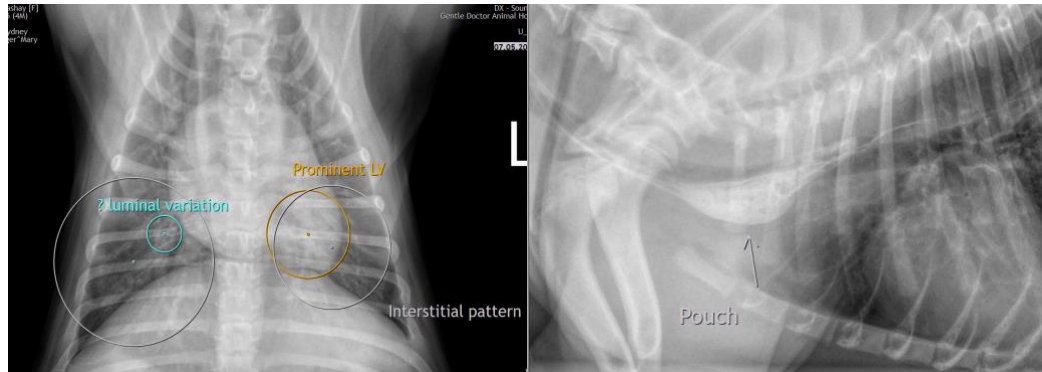
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com