

PATIENT

Yoda Chang

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

7 Years

WEIGHT

6.79 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

BO

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Scott

INVOICE

15987

DATE

05/07/26

PRESENTING CLINICAL SIGNS

Coughing began approximately 2–3 weeks ago. The patient has episodes of coughing/hacking, which the client notices especially when he vocalizes or “sings” along to his favorite song (Truth Hurts by Lizzo). Appetite, water intake, urination, and defecation are reported as normal. The client adopted the patient as a rescue approximately one year ago. The patient has a history of syringohydromyelia and chronic dermatologic changes. Gabapentin 200 mg was administered. Intermittent cough Sinus arrhythmia History of syringohydromyelia Chronic skin changes

RADIOGRAPHIC STUDY OF THE THORAX

R/L lateral and VD are provided, totaling 3 radiographs for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 9/9 with dorsal displacement of the skin level with the ID chip.

Breed related congenital vertebral anomalies are present

The cranial mediastinum is of physiologic size and opacity. The terminal trachea diverges from the thoracic vertebrae and the carina is located level with T5/6. Air is present in the cranial thoracic esophagus in left lateral recumbency. The cardiac silhouette occupies 80% of the chest height and 3.5 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. Pulmonary vessels are visible to the secondary branches. The bronchial tree is thin walled, slightly calcified and tapers towards the periphery.

RADIOGRAPHIC DIAGNOSIS

- Mild interstitial pattern
- Mild bronchial calcification

Incidental finding

- Congenital spinal abnormalities

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

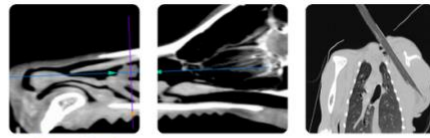
An interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

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

Less likely

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

Due to the Sinus arrhythmia, I suggest echocardiography to rule out DCM. Fecal samples should be obtained to rule out parasites. Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is recommended if the clinical signs persist or worsen; samples should be submitted for bacteriological and cytological examination. During the same



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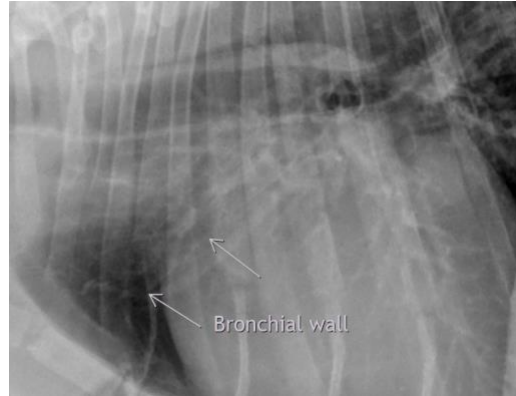
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examination trachea and bronchi should be assessed for collapse. Allergies to environmental agents like pollen should be considered.



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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