



**PATIENT PRESENTING CLINICAL SIGNS**

Remy Weber Acting uncomfortable since yesterday, stretching her neck and legs out when walking, coughing since last night

**SPECIES RADIOGRAPH OF THE THORAX**

Canine Pdf: R lat. and VD thorax, R lat. and VD abdomen

**RADIOGRAPHIC FINDINGS**

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

Wedge shaped vertebrae and ventral spondylosis are present.

The degree of pulmonary expansion is fair at best; thoracic volume is small on both views and the heart is in close contact with the diaphragm. The cranio-ventral lobes are displaced dorsally and rounded. The cardiac silhouette is not visible in this region. On the DV view the left lobar vessels appear blurred and the main stem bronchi not clearly visible.

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The cranial mediastinum appears wide on the DV view. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

**AGE**

12 Years

The visible aspects of the cardiac silhouette suggest a 75% of the chest height and width of 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

**INTERPRETED BY**

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

**RADIOGRAPHIC DIAGNOSIS**

- Interstitial pattern left hemithorax
- Possible cranial mediastinal widening

Incidental findings:

- Congenital thoracic vertebral anomalies
- Lumbar spondylosis

**HOSPITAL NAME**

SVS Imaging Michigan

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The elevation of the cranial lung lobes and widening of the cranial mediastinum is most likely due to fat. Ultrasound of the cranial thorax will help rule out a mediastinal mass lesion.

The generalized interstitial lung pattern in the left lungs is a non-specific finding and accentuated by the BCS and only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

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- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
- Edema
- Hemorrhage

**DATE**

6-17-22

The imaging findings should be correlated with the clinical findings before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out. Obtaining inflated views under G.A. is recommended.



**PATIENT**

Remy Weber

**TECHNICAL COMMENTS**

Pdf images of screen shots were submitted. The transformation from DICOM to other formats reduces the image quality and I cannot manipulate the images in a DICOM viewer. Thus, lesions can easily be missed. For the best possible imaging reports DICOM images are needed in the future.

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

FS

**AGE**

12 Years

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**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

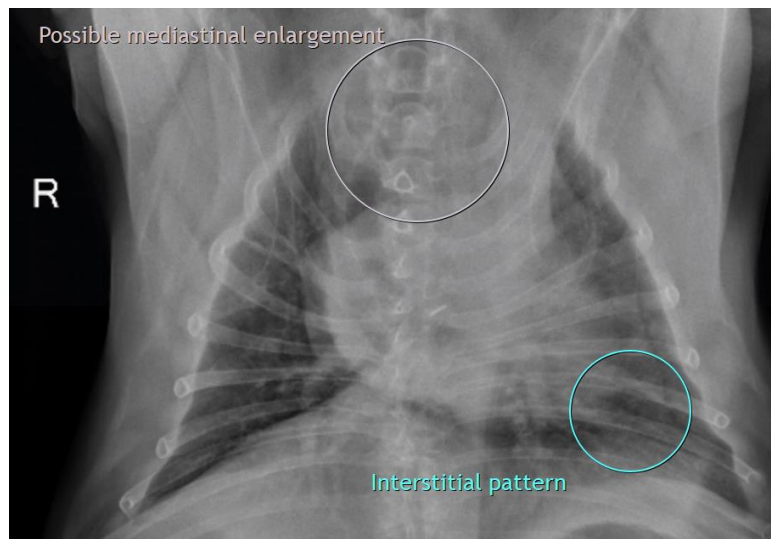
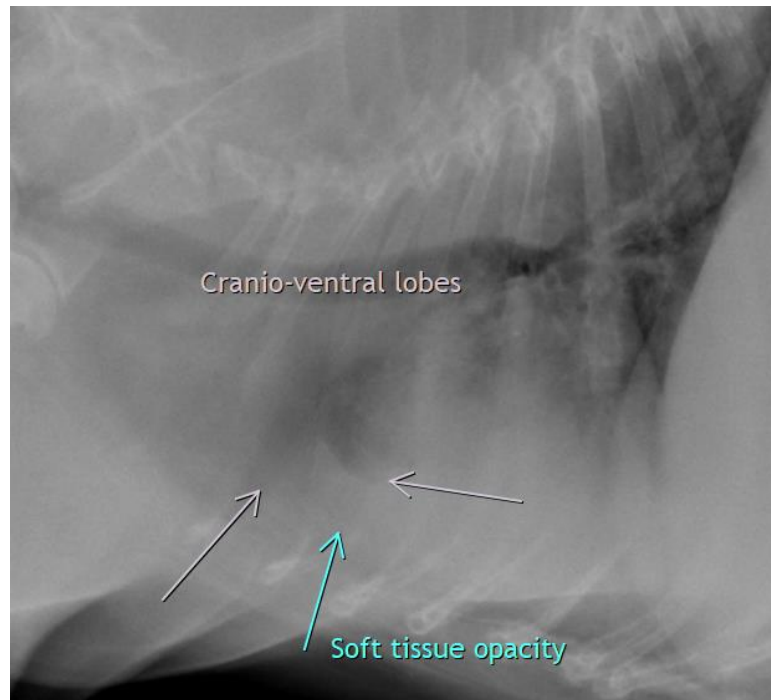
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Veterinary Hospital

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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  
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