



PATIENT

Luna Phillips

SPECIES

Canine

BREED

Kuvasz

SEX

Spayed Female

AGE

7 Years

WEIGHT

94.50

INTERPRETED BY

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

IMAGING PERFORMED BY

ERG

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Flores

INVOICE

37383

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: Recent history of chronic intermittent cough with more recent onset hyporexia. Overall BAR. Cough will occur multiple times in a day and then not again for a week. In general cough is produced only upon swallowing and tracheal pressure. Patient rough houses in a dusty dirt yard with adult off spring/housemate. PE generally unremarkable patient observed to cough after eating a treat in the exam room. Lungs auscultated clear; trachea clear upon palpation; no murmur; superficial traumatic dermatitis on hip today.

Luna presents for evaluation of a possible hotspot on L rear, hyporexia this morning, and new intermittent cough. O noted redness/hair loss last night; housemate had been focused on area for ~1 week. No scratching. Presented by Amy.

Med hx: R&A w/ peritonitis (MASH 2020); gastric FB obstruction (DTLA Vets Jan 2025).

EDUD: Didn't eat this AM; DUD normal.

C/S: Occasional cough; no sneezing.

V/D: None. Drinking/energy normal.

PE: BAR; BCS 5/9. Eyes clear; ears clean. Integ: new 7"x7" superficial traumatic dermatitis L hip; persistent pea-sized firm L MG mass. Oral: heavy tartar, mod gingivitis L>R; possible slab fx 208. LN normal. CV: RRR, no murmur. MSK: normal ambulation. GI: abdomen/rectal WNL. UG: normal. Resp: cough after treat; lungs/trachea clear. Neuro: WNL.

RADIOGRAPHIC STUDY OF THE THORAX

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

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5/6.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is partially calcified, thin walled and tapers towards the periphery.

RADIOGRAPHIC DIAGNOSIS

- Bronchial calcification, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bronchial calcification per se does not have to result in clinical signs and I can see no other changes that would explain the clinical signs. Cough on swallowing can be caused by laryngeal diseases such as paralysis, inflammation, cyst, abscess and tumor. Laryngoscopy is recommended. An allergic reaction to dust can cause a cough and bronchitis can be present without radiographic evidence. Bronchoscopy with broncho-alveolar lavage is thus recommended in addition to the laryngeal examination; samples should be submitted for bacteriological and cytological examination. Pharyngeal problem such as tonsillitis, tonsillar tumor or dental disease should be ruled out as well. Fecal samples can be obtained to rule out parasites.



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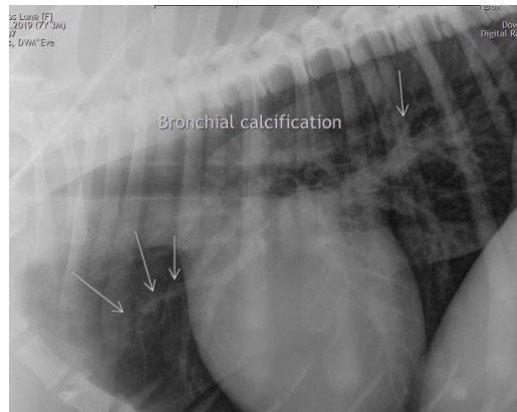
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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