**DATE**

9/7/21

**PRESENTING CLINICAL SIGNS**

History: Mass dorsal to distal colon (please see previous ultrasound report from IntraPet 9/1/21). R/o pulmonary metastasis.

**PATIENT**

Bruno Petty

Abnormal PE/Chem/CBC/UA Results:

**RADIOGRAPHIC STUDY OF THE THORAX****SPECIES**

Canine

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

The bony structures appear physiological.

**BREED**

Terrier Mix

The degree of pulmonary expansion is good. The lungs are in contact with the thoracic boundaries and the tips are pointed. The outline of the lobar vessels is blurred, and bronchi are highlighted. Some tramlines and doughnuts are present.

**SEX**

Neutered Male

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

**AGE**

10/20/10

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

**RADIOGRAPHIC DIAGNOSIS****INTERPRETED BY**

- Broncho-interstitial pattern
- No obvious pulmonary nodules

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I can see no nodular infiltrate or lymphadenomegaly.

**HOSPITAL NAME**

Claws N Paws AH

Bronchial calcification and infiltrate may represent a healed bronchitis or, in association with the interstitial pattern, could be due to:

**REFERRING VET**

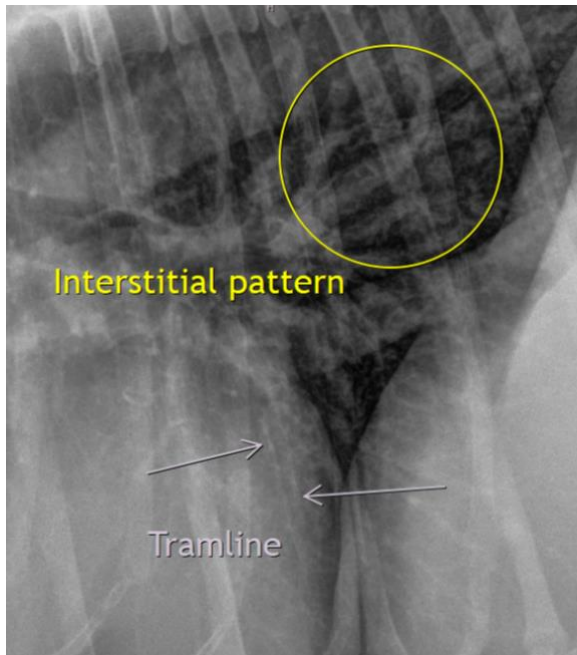
Dr. Singh

- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic)
- Inflammation (allergic e.g., eosinophilic bronchopneumonia and PIE, smoke inhalation)
- Autoimmune hemolytic anemia (AIHA)
- Tumor (e.g., lymphoma)

**INVOICE**

Further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage should be considered.

12955



**The information and recommendations provided are based on the images presented by the referring veterinarian. 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  
dr.h.rudorf@gmail.com