



## PATIENT

Chester Santiago

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Male Neutered

## AGE

6y

## WEIGHT

14.0 lbs.

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer  
DVM

## HOSPITAL NAME

Pulse Pet  
Ultrasound Services

## REFERRING VET

Dr. Denisse de Moya

## INVOICE

10773

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

### History:

- Px presented as a referral for an echocardiogram and a thoracic non-cardiac ultrasound due to a chronic dry cough. Owner reports that Px has been exhibiting this cough for at least 2 years now. Cough was previously Tx as Kennel cough and no improvement was seen, as per owner. When Px visited rDVM thoracic radiographs were performed.
- Px is currently on the following Mx: Prednisolone, Temaril P, and Clavamox.
- Owner reports seeing improvements after starting with these Mx. Cough mostly presents when Px is active. No inappetence, lethargy, vomiting, or diarrhea reported. Px is Heartworm negative and up to date on Heartworm prevention.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference

## ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

The left and right lung was aerated, exhibiting symmetrical peripheral serosal contour. A-lines were present in the left and right thorax, consistent with dry lung presentation. There was no evidence of pulmonary space-occupying or peripheral lesions, consolidated lung, or pleural effusion.

There was no overt visible pathology in the area of the cranial mediastinum.

## ULTRASONOGRAPHIC FINDINGS

- Overtly normal aerated left and right lung exhibiting dry lung criteria

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of sonographically evident left and right pulmonary pathology or pleural effusion. Microscopic or intra-lung pathology surrounded by aerated lung, prohibiting sonographic evaluation, cannot be definitively excluded.

Correlation with thoracic radiographs is recommended. Respiratory support based on thoracic radiographs and clinical impression, correlation with pending echocardiogram, and consideration for lower airway sampling is recommended.



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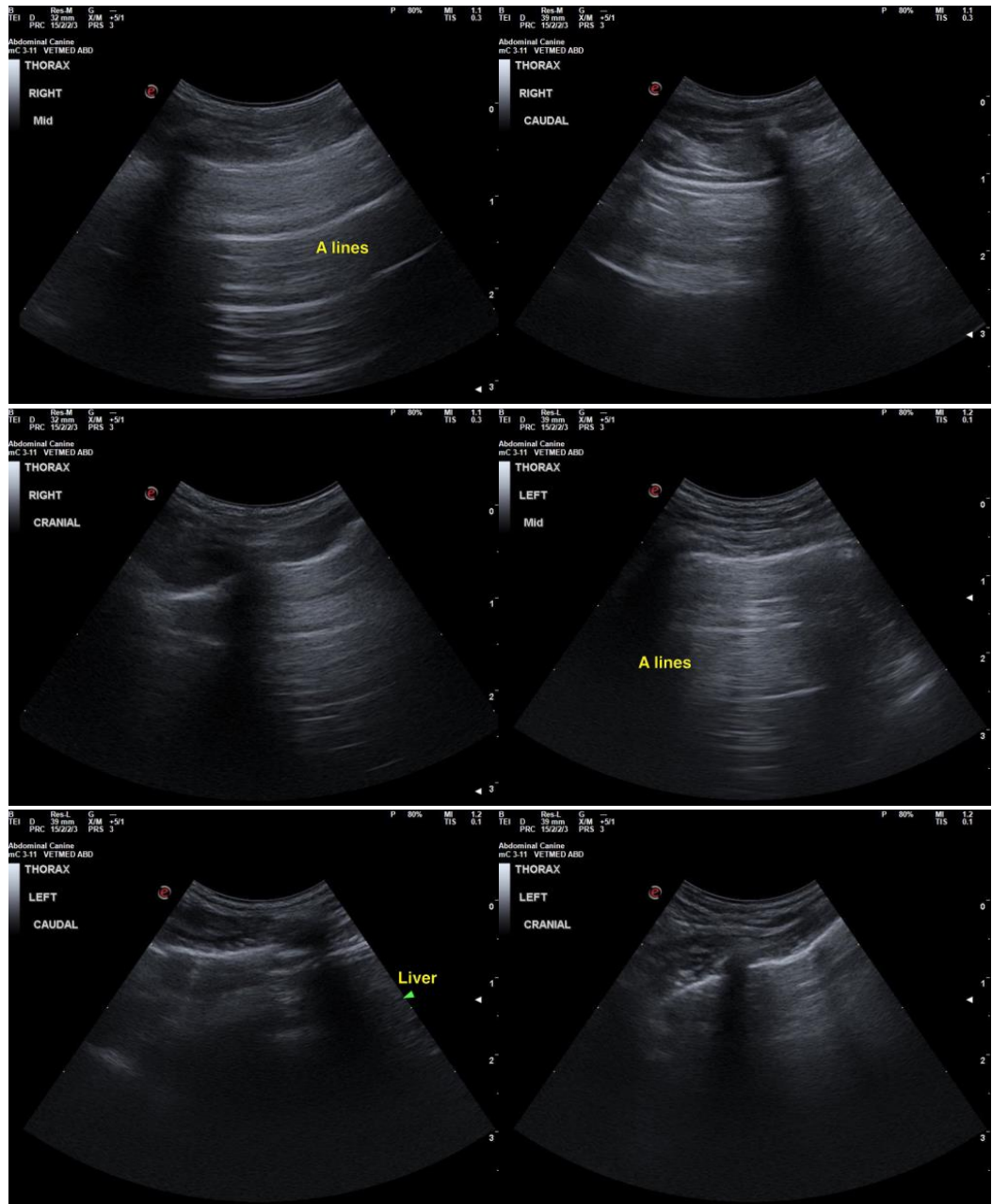
Dr. Denisse de Moya

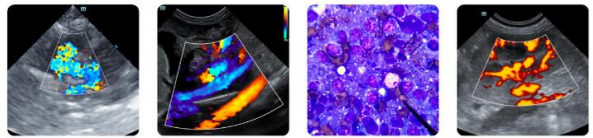
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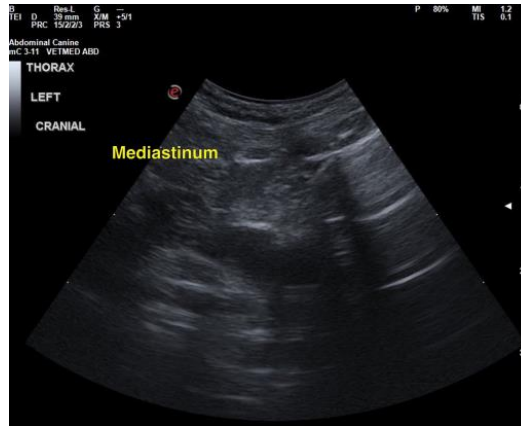
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)