



## PATIENT PRESENTING CLINICAL SIGNS

**Gatsby Burnett** Oncologist metastatic recheck was initially scheduled for today 11/12/25 but due to persistent cough and other housemates affected, Oncologist instructed to have chest x-rays taken at rDVM and to be reviewed by Radiologist. Persistent, non-productive cough since 10/28/25 unresolved despite weeks of treatment.

## SPECIES

**Canine** Abnormal PE/Chem/CBC/UA Results: Grade III Soft Tissue Sarcoma: Diagnosed in July 2025 on the left antebrachium: left forelimb amputated 08/2025. Received one chemotherapy treatment (doxorubicin): discontinued Grade II/VI Heart Murmur: Benign/physiologic systolic heart murmur diagnosed via echocardiogram on 08/15/2025; caused by accelerated aortic velocity. Dry non-productive, persistent cough since 10/28/25; treated with Doxycycline, Carprofen with no improvement in cough. Started Clavamox on 11/11/25. Respiratory PCR pending of affected housemate.

## BREED

**Cattle Dog Mix**

## SEX

## RADIOGRAPHIC STUDY OF THE THORAX

**MN**

Right lateral and ventrodorsal views of the thorax, totaling two images available for review.

## RADIOGRAPHIC FINDINGS

## AGE

**9yr**

The patient has a history of grade 3 soft tissue sarcoma of the left forelimb with left forelimb amputation in August 25.

## INTERPRETED BY

**Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI**

The cardiac silhouette presents within normal limits. Vertebral heart score is 10.2, which is within normal limits for body type. Cardiac shape and size are normal with no evidence of structural cardiac chamber remodeling.

Pulmonary vessels are of normal caliber and distribution.

No pulmonary nodules, masses, or focal alveolar changes are identified. No significant bronchial wall thickening or interstitial opacity can be seen.

## HOSPITAL NAME

**Pine Creek VH**

The mediastinum and mediastinum silhouette is normal in position and width.

There is no evidence of pleural effusion.

## REFERRING VET

**Deanna Taub**

The trachea is normal in diameter and position. No radiographically visible changes are present to suggest dynamic tracheal disease or intrathoracic airway obstruction.

Expected post-amputation changes to the left cranial thoracic wall are seen.

## INVOICE

**22748**

## RADIOGRAPHIC DIAGNOSIS

- Normal thoracic presentation with history of left front limb amputation.
- No evidence of pulmonary metastasis, cardiomegaly, or significant bronchopulmonary disease.

## DATE

**11/12/2025**

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



## PATIENT

Gatsby Burnett

The thoracic findings do not identify the cause of the persistent cough. Given the normal pulmonary and cardiac appearance, the cough may be upper airway in origin, such as laryngopathy, pharyngitis, tracheitis, or early infectious tracheobronchitis, particularly considering similar symptoms in housemates and pending PCR testing. A response to recent antimicrobial therapy cannot be excluded if improvement was observed clinically.

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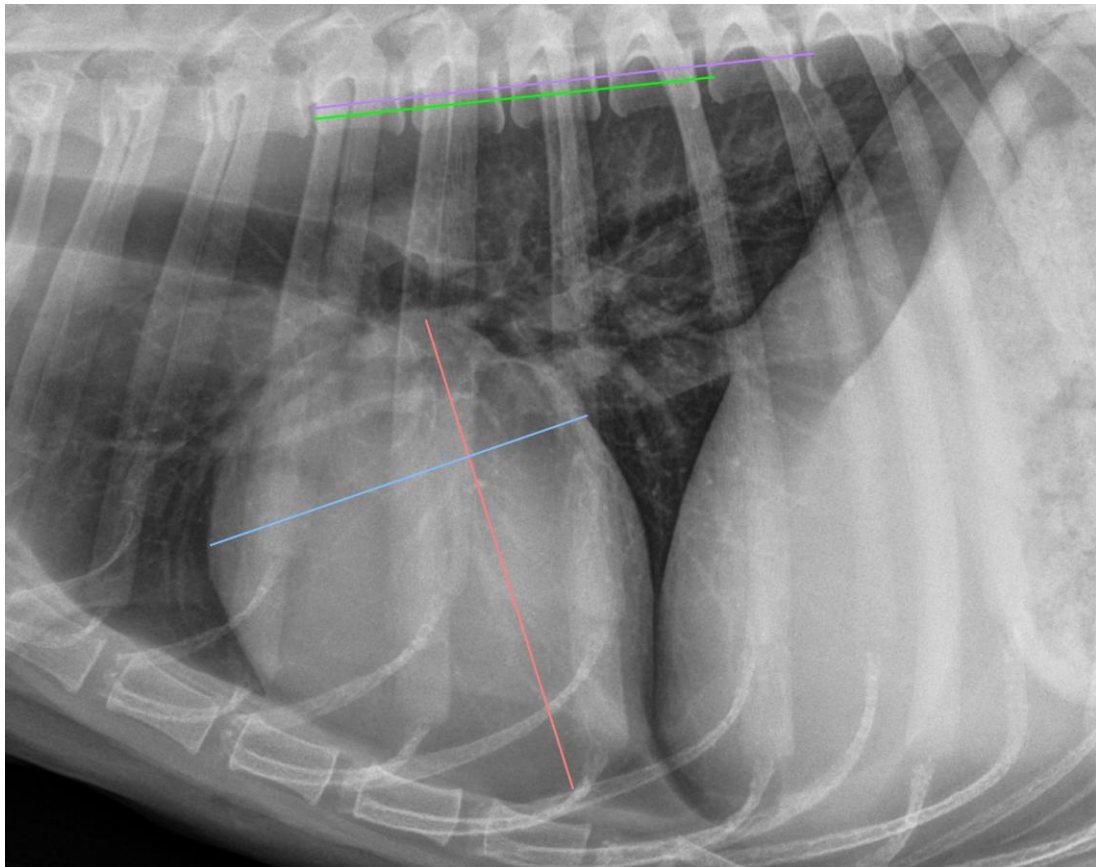
9yr

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## REFERRING VET

Deanna Taub

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.

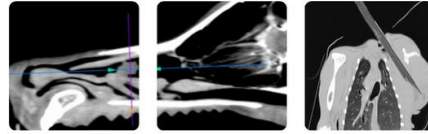
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## DATE

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