



PATIENT PRESENTING CLINICAL SIGNS

Honey Nunmaker 3 day history of inappetence and lethargy. 1.5 days ago started with labored breathing/ increased respiratory rate

SPECIES Abnormal PE/Chem/CBC/UA Results: on presentation, elevated HR (180-200 consistently), and elevated resp rate . painful when abdomen was palpated. No spinal pain. Temp on presentation was 101.6, went up to 102.5 today (24 hours after presentation and several doses of SQ fluids). CBC: Canine HCT: 37%, all else WNL. Chem at presentation: Hyponatremia (129), Hypokalemia (3.3). Hypoglobulinemia (1.8, TP: 4.8). No vomiting, no diarrhea, and today, after cerenia, fluids, metacam, is now eating well.

BREED

Catahoula

RADIOGRAPHIC STUDY OF THE THORAX

Right /left lateral and ventrodorsal views totaling three images available for review.

SEX

FS

RADIOGRAPHIC FINDINGS

Severe mixed interstitial and alveolar pulmonary infiltrates present in both right and left lung fields. Mild left side pleural effusion is noted with evidence of lobar retraction of the lung lobes with rounded lobar margins.

AGE

5yr

Extensive subcutaneous fluid is noted along the right and dorsal thoracic wall, contributing to overall pulmonary opacity

INTERPRETED BY

The cardiac silhouette appears normal.

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

No obvious mediastinal abnormalities are seen.

The pulmonary vessels are within normal limits.

HOSPITAL NAME

Maher Animal
Hospital

The thoracic boundaries present within normal limits,

RADIOGRAPHIC DIAGNOSIS

- Severe diffuse mixed interstitial alveolar pulmonary disease with bilateral distribution
- Mild left side pleural effusion
- Subcutaneous fluid over dorsal and right thoracic wall

REFERRING VET

Dr Holland

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with acute pulmonary pathology and mild left sided plural effusion.

INVOICE

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Differential diagnosis includes infectious pneumonia with bacterial being considered most likely and less likely aspiration pneumonia, non cardiogenic pulmonary edema, such as acute respiratory distress syndrome, pulmonary hemorrhage or vasculitis, fungal pneumonia, viral pneumonia, immune mediated pneumonitis and interstitial infiltrative disease with round cells. Infectious pneumonia is considered most likely in this patient and prompt clinical management of pulmonary disease is recommended. Consider thoracocentesis for further definition, as well as bronchoscopy with bronchoalveolar lavage depending on the clinical correlation.

DATE

11/18/2025



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Canine

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SEX

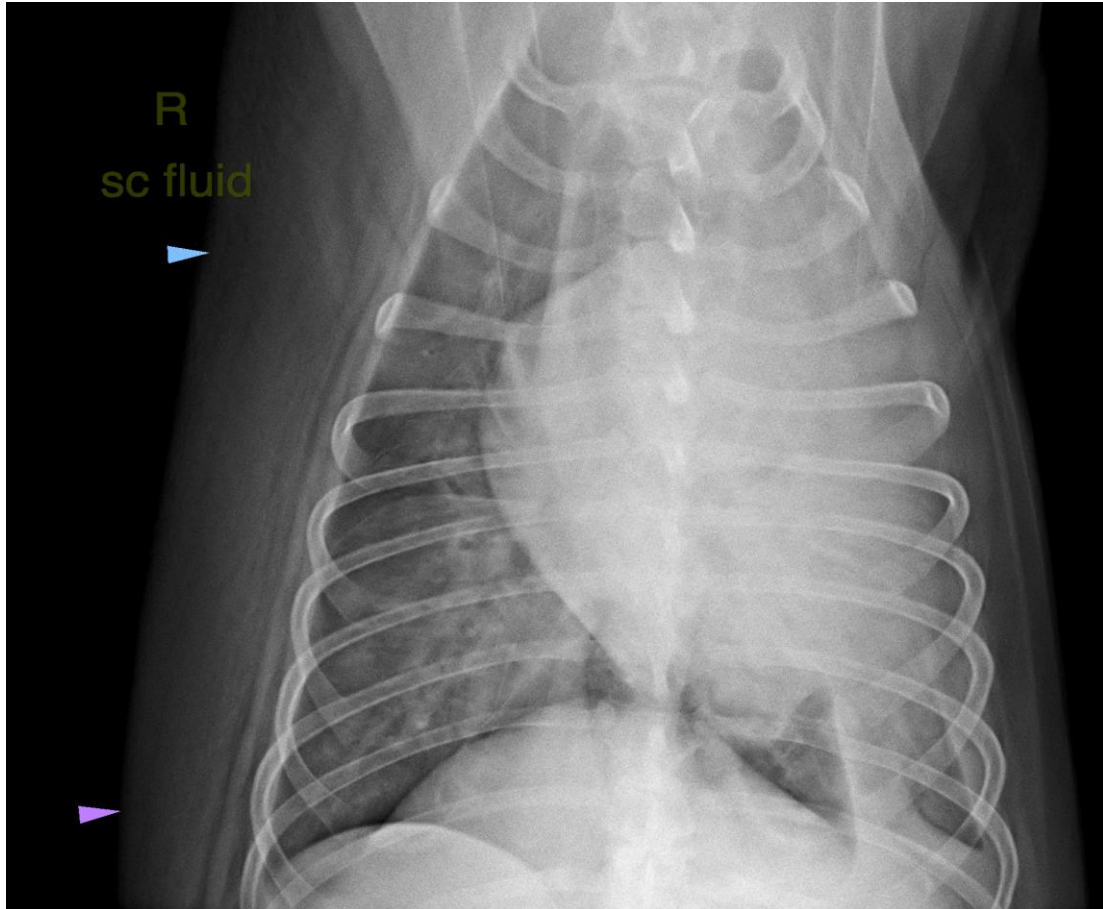
FS

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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.

REFERRING VET

Dr Holland

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.

INVOICE

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