



PATIENT

Peggy Sue Simon

SPECIES

Canine

BREED

Bulldog

SEX

FS

AGE

9Y, 4M

WEIGHT

61lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

74333

DATE

3-24-26

PRESENTING CLINICAL SIGNS

- Been having loose, mucousy stools
- Been lethargic and wobbly in the hind end
- Did eat this morning, was reluctant to eat it
- Not drinking as much

Abnormal PE/Chem/CBC/UA Results: PE: Circulatory System: Heart murmur present. Thready pulses. Heart appears slightly enlarged on imaging. Respiratory System: Lung sounds normal, no wheezing or stridor. Increased density and 'busyness' noted on imaging. Possible emerging pneumonia. Small nodule or tissue opacity at caudal cardiac waist. No evidence of metastatic disease. Abdomen: Mild abdominal tenderness on palpation. No specific masses or free fluid detected. Mild decrease in abdominal detail on imaging. Liver edge normal, spleen not enlarged. Gastrointestinal System: Stomach empty with mild gas. Intestinal tract gas-filled. No obstructive pattern. Diarrhea present, described as soft and mucousy. BW: Crea 2.6 mg/dL BUN 69 mg/dL Phos 7.8 mg/dL K 6.8 mmol/L ALT 183 U/L Hematocrit was normal

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Right/left lateral and ventrodorsal views of the thorax and abdomen totaling 7 images available for review.

RADIOGRAPHIC FINDINGS

Thorax

The lungs present a mildly increased interstitial and peribronchial opacity throughout in poorly inflated lung fields without discrete nodules or masses. Pulmonary vessels are mildly prominent, especially pulmonary arteries of the caudal lobes with no overt signs of pulmonary hypertension.

Mild cardiomegaly appears to be present with no evidence of congestive heart failure. The small opacity at the caudal cardiac waist likely represents summation artifact – not a true mass.

Mild breed related tracheal hypoplasia is noted. There is no evidence of displacement of the trachea except for mild redundancy.

The mediastinum is wide likely representing mediastinal fat.

Abdomen

The liver is mildly enlarged with normal edges.

The stomach contains gas.

The small intestines are slightly turgid but nondilated. No obstructive pattern is identified.

The abdominal serosal detail appears to be reduced in the cranial to mid abdomen with no discrete mass effect being seen.

No structural abnormalities of the kidneys are noted.

Severe spondyloses of the thoracolumbar spine is seen as well as shoulder and elbow osteoarthritis.



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RADIOGRAPHIC DIAGNOSIS

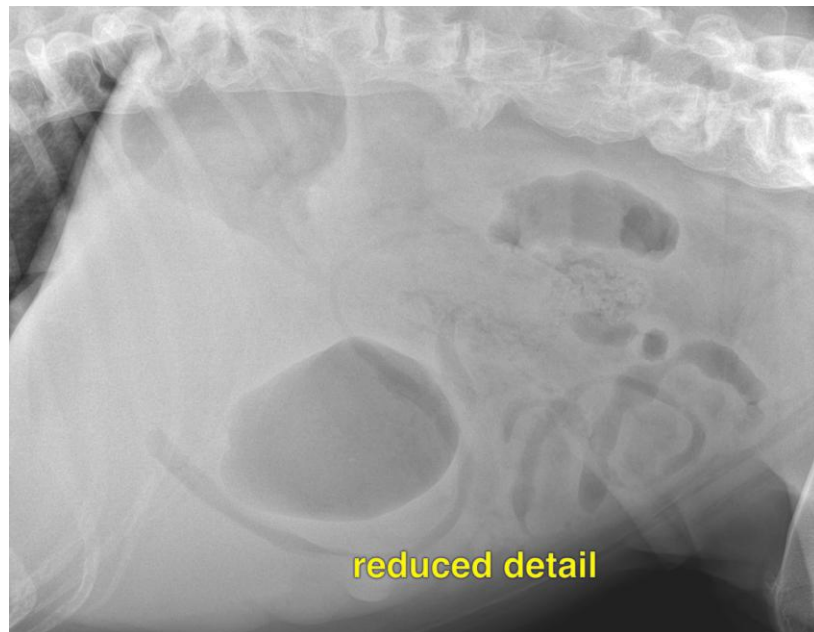
- Mild diffuse interstitial peribronchial lung pattern without nodules – likely chronic inflammatory or early infectious.
- No evidence of thoracic masses.
- Mild cardiomegaly without signs of congestive failure.
- Mild hepatomegaly.
- Suspect functional gastrointestinal ileus without evidence of obstruction.
- Reduced detail with no discrete masses being identified.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The mild pulmonary changes may correlate with the clinical signs of previous respiratory compromise. Infectious or inflammatory etiologies are considered likely. Clinical significance is undetermined.

Mild cardiomegaly is present but currently does not appear to cause significant congestive changes. Direct signs of pulmonary hypertension are not seen radiographically though this cannot be ruled out completely.

The gastrointestinal findings likely reflect recent ingestion and mild functional disturbance. No obstructive disease is identified. Clinical correlation with ongoing gastrointestinal signs recommended. Abdominal ultrasound is recommended if not performed already to further evaluate the gastrointestinal tract, source of reduced detail, which may reflect uncomplicated crowding, mass effect, or mild amount of free fluid, as well as the hepatomegaly.





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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.

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.

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

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,

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