



PATIENT

Chase Dominguez

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

6 Years

WEIGHT

15 Pounds

INTERPRETED BY

Heike Rudorf, DVM, Dr.
med. Vet., DipECVDI
DVR

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

AC Queens

REFERRING VET

Dr. Mucera

INVOICE

35349

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Pt has abdominal pain and is in discomfort

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

L7/S1

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

The disc space T13/L1 appears narrow; calcified discs in situ are evident T12/13, L4/5. Bridging spondylosis is present T11/12.

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The degree of pulmonary expansion is fair on 3 images and good in left lateral recumbency. The lung lobes extend to the thoracic boundaries. The outline of the pulmonary vessels is slightly blurred some bronchi are highlighted. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces. A camber or outflow tract enlargement is not obvious.

Abdomen

Diaphragm and abdominal wall are intact.

The liver is located within the costal arch, and the caudo-ventral lobe is pointed.

The head of the spleen appears physiological.

The stomach is moderately distended with air. In left lateral recumbency the central small intestinal (SI) loops are centrifugally displaced by an oval structure of an opacity between fat and soft tissue, which causes a reduction of the serosal detail. The interface with what is likely the bladder shadow is indistinct. In right lateral recumbency few SI loops are located in the mid-abdomen, and the opacity of the fat appears to be increased. The clear demarcation of bladder and prostate is no longer present. Colon and rectum contain small regions with unformed fecal matter. The rectum is slightly elevated ventral to the sacrum. On the VD views a separate mass or mass effect is not obvious. All SI loops are located in the right hemiabdomen.

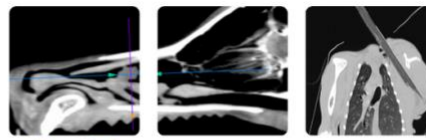
The left renal shadow has a length of 3 x L2 and appears slightly plump. The right kidney is not obvious. A pear shaped, soft tissue structure is located cranial to the pubic brim. Cranial to this, a second pear shaped structure with an opacity between fat and soft tissue is only visible in left lateral recumbency.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- T13/L1 disc space narrowing
- Prostatomegaly
- Focal loss of serosal detail
- Possible
- Localized interstitial pattern

Incidental findings



PATIENT

Chase Dominguez

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

6 Years

WEIGHT

15 Pounds

INTERPRETED BY

Heike Rudorf, DVM, Dr.
med. Vet., DipECVDI
DVR

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

AC Queens

REFERRING VET

Dr. Mucera

INVOICE

35349

DATE

1/9/26

- Disc calcification in situ
- Spondylosis, mild

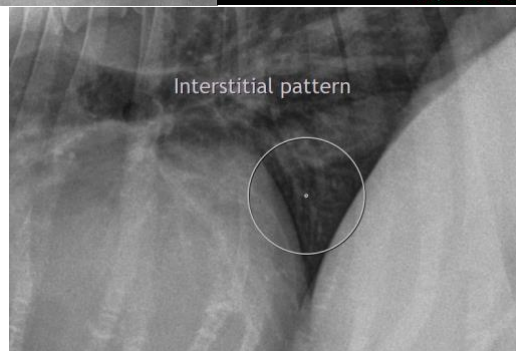
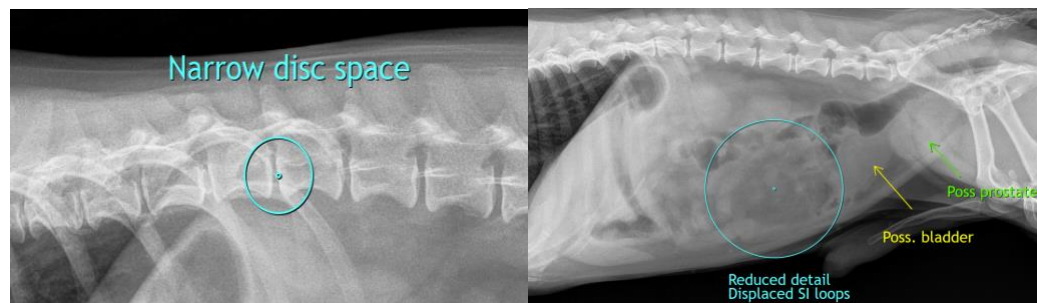
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The localized loss of abdominal detail could be due to mesenteric inflammation (e.g., lymph node abscess, localized fluid accumulation, necrotic fat) or masses. The two pear shaped structures in the caudal abdomen most likely represent urinary bladder and prostate. I can only see one renal shadow on all views which could be due to superimposition or because the right kidney is small. Abdominal ultrasound is recommended. Biochemistry and hematology should be carried out if it has not already been done, especially cPLi as pancreatitis can cause abdominal pain. The narrow disc space T13/L1 could be associated with a disc extrusion which would cause signs comparable to abdominal pain.

A localized interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

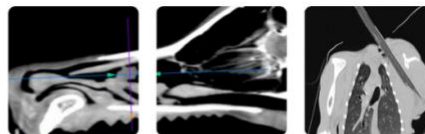
- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)
- Edema
- Diffuse hemorrhage
- Early idiopathic fibrosis

Further tests depend on the presence of clinical signs and changes during auscultation.



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.



PATIENT

Chase Dominguez

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR

info@sonopath.com

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

6 Years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

AC Queens

REFERRING VET

Dr. Mucera

INVOICE

35349

DATE

1/9/26