



## PATIENT

Harley Case

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Neutered Male

## AGE

15 Years

## WEIGHT

13.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chelsea Lett

## HOSPITAL NAME

Elizabeth AH

## REFERRING VET

Leon Anderson, DVM

## INVOICE

35350

## DATE

1/9/26

## PRESENTING CLINICAL SIGNS

History: Started sounding raspy and congested. Sounds raspy when breathing like he's catching his breath. Seems to have labored breathing. Unsure if its pain. Lethargic Abdominal breathing Will eat soft food but not dry. Blind

Abnormal PE/Chem/CBC/UA Results: Missing right eye. Left eye with advanced sclerosis and nonvisual. Stage 4 dental disease. Raspy sounds noted when palpating ribcage. Dyspnea observed. Some harshness to lung sounds Mild muscle atrophy on all limbs.

## RADIOGRAPHIC STUDY OF THE THORAX

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

The bony structures appear physiological.

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

The lung lobes extend to the thoracic boundaries. A loss of clear vascular outline is accompanied by a hazy, granular background and bronchial enhancement. Alveolar consolidation is present in the left caudal lobe. In left lateral recumbency two apparently nodular structures are superimposed onto the mediastinum level with ribs 1 and 2. Another, more convincingly round structure is superimposed onto the tip of the heart.

The cardiac silhouette occupies 85% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Mixed lung infiltrate
- Nodular component

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mixed pulmonary changes are usually due to infection or inflammation (e.g., eosinophilic bronchopneumopathy). Temperature and hematology should be obtained if it has not already been done. The nodular opacities could represent composite shadows, metastases, granulomata, hematocysts or infectious embolic disease. Further tests would include CT of thorax and abdomen and bronchoscopy with BAL. However, considering the age of the dog and the severity of the clinical signs, initial symptomatic treatment, including oxygen and antibiotics (possibly steroids), may be better. Once the dog is stable, further tests can be carried out.





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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.

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)