



PATIENT

Chester Oliver

SPECIES

Dog

BREED

Mixed

SEX

Male

AGE

10 Years

WEIGHT

71 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pine Creek AH-
Jakymiw

HOSPITAL NAME

Pine Creek AH

REFERRING VET

Dr. Sophia Jakymiw

INVOICE

35435

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Limping on the right thoracic limb since 10/29. Intermittent chronic coughing. Moved from Virginia 1 year ago.

Abnormal PE/Chem/CBC/UA Results: N/A

RADIOGRAPHIC STUDY OF THE THORAX AND SHOULDERS

Thorax

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

The thoracic bony structures are physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina. A moderate amount of air is present in the caudal cervical and cranial thoracic esophagus; the latter is partially superimposed onto the trachea.

The degree of pulmonary expansion is fair at best. The vascular outline is blurred and bronchi are highlighted. In the cranio-dorsal lobes, round structures are present at the end of a tubular structure and both have a similar diameter. In the cranio-ventral lobes crescent shaped and amorphous roundish soft tissue opacities are also located in the vicinity of longitudinal blood vessels and vary in size

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS=10.5). Chamber or outflow tract enlargement is not obvious.

Humerus R

A crescent shaped soft tissue swelling is present dorsal to the central diaphysis. A small, amorphous, mineral opacity is located just distal to the manubrium sterni, apparently in the caudal humeral musculature.

Medullary changes extend from the bicipital groove distally for approx. 13cm. They consist of sclerosis and mottled lysis. Cortical thinning is evident both cranially and caudally, with slightly irregular periosteal reaction cranially and periosteal thickening with deviation caudally.

RADIOGRAPHIC DIAGNOSIS

Humerus R

- Monostotic, mixed bone lesion
- Soft tissue swelling

Lungs

- Nodular-interstitial pattern
- Ill defined, roundish, localized pulmonary opacities

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnoses for a mixed bone lesion located in the diaphysis are chronic infection and tumor.



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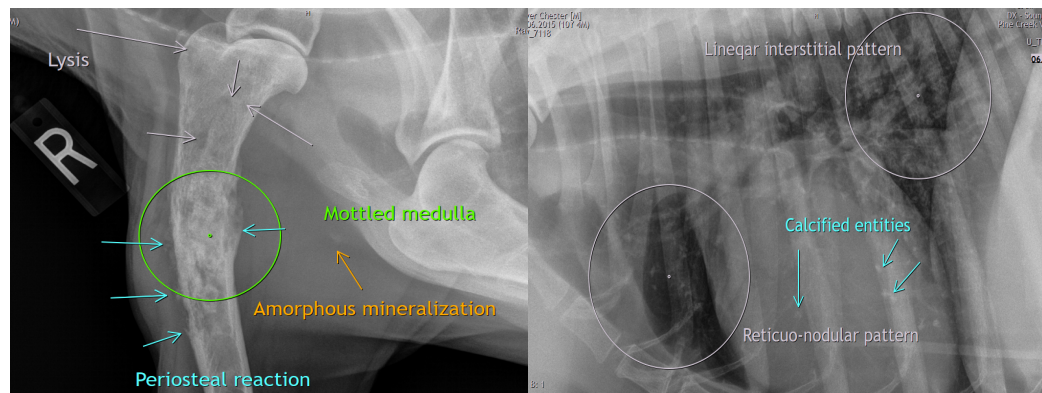
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The probability that multiple, circumscribe nodules of different sizes are metastatic neoplasms is high. However, the variable shape of the nodules present, in combination with the ill-defines nodules on the lateral view, make differential diagnoses such as:

- fungal granulomata (histoplasmosis, blastomycosis, coccidiomycosis, cryptococcosis, and pneumocystis carinii in animals with compromised immune systems),
- Leptospirosis (due to the reticulo-nodular interstitial pattern)
- eosinophilic granulomata (e.g., PIE)
- septic emboli possible
- possible. Usually clinical signs such as pyrexia, and anorexia accompany the infectious diseases. Bronchoscopy with BAL and bone sampling are recommended.



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.

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