



PATIENT

Rusty Hulton

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lee

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Lee

INVOICE

35438

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Pt presented for anorexia and vomiting for four days. Loose yellow stool, hypersalivation. Painful abdominal palpation. Slow CRT <2

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

The body condition score is 9/9 with smooth, with a large amount of dorsal s.c. fat.

The ribs are evenly spaced and run parallel to each other.

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina. The tracheal lumen between C2 and T1 is larger than the larynx and it "contains" a soft tissue opacity with a thin, lucent dorsal and ventral line.

The degree of pulmonary expansion is good. The lung lobes extend to the thoracic boundaries. Pulmonary vessels are visible to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 70% of the chest height and 3 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

Abdomen

The abdominal organs are surrounded by fat; the diaphragm is straight; the abdominal wall is intact.

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

The spleen appears physiological.

The stomach contains a small amount of air. Distribution and size of the small intestinal loops appear physiological. The colon contains a small amount of formed fecal matter.

Both left renal shadows have a physiological size, shape and opacity; the right is obscured by intestinal loops. The bladder is moderately full, and the bladder neck is located cranial to the pubic brim.

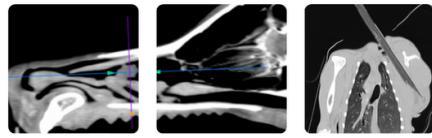
The sublumbar structures are outlined by fat.

RADIOGRAPHIC DIAGNOSIS

- Soft tissue opacity in tracheal lumen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no abdominal causes for the vomiting. The opacity in the tracheal lumen is most likely due to tracheal collapse, which would explain the good lung expansion despite obesity and the increased tracheal size compared to the larynx. However, an overlying esophagus with fluid may cause a similar appearance and could cause regurgitation. Diarrhea can have caused an electrolyte imbalance and dehydration; the latter would also explain the hyperlucent lungs. Pain on abdominal palpation is often due to pancreatic disease and cPLI can help identify this. Hematology and biochemistry will help identify leukocytosis and other organ pathologies.



PATIENT

Rusty Hulton

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lee

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

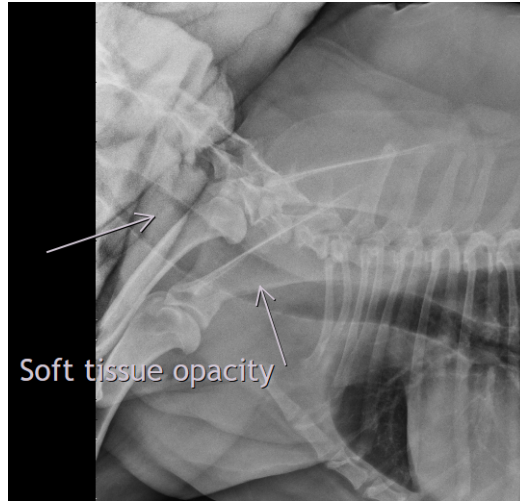
Dr. Lee

INVOICE

35438

DATE

11/6/25



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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com