



PATIENT

Dog Izquierdo

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

19 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Thomas

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Thomas

INVOICE

35440

DATE

11/7/25

PRESENTING CLINICAL SIGNS

History: Pt lethargic, not walking. Had diarrhea for 3 days

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

The body condition score is 9/9 with a large amount of subcutaneous and intermuscular fat.

The ribs are evenly spaced and run parallel to each other. Disc space narrowing and ventral spondylosis are present L2-L6. New bone is present in both stifle joints and possibly around both femoral necks.

Thorax

The cranial mediastinum is of normal size and opacity. The terminal trachea diverges slightly from the thoracic vertebrae, and the carina is located level with T5/6. The cervical tracheal lumen is reduced from dorsally by a crescent shaped soft tissue band.

The degree of pulmonary expansion is good, and all lobes appear extremely lucent, especially considering the obesity. Pulmonary vessels are visible and narrow. The walls of the main bronchi are calcified.

The cardiac silhouette occupies 75% 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 diaphragmatic angle is steep and the ventral abdominal wall pendulous.

The caudo-ventral liver lobe extends well beyond the costal arch and is rounded.

The head of the spleen appears physiological.

The stomach is caudally rotated, and air is present in the fundus. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of formed fecal matter.

Both renal shadows are obscured by intestinal loops. The bladder contains a small amount of urine with multiple, centrally located round calculi.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Hyperlucent lungs
- Hypoperfusion, mild
- Tracheal collapse
- Hepatomegaly
- Pendulous ventral abdominal wall
- Cystic calculi

Incidental findings

- Disc space narrowing
- Spondylosis
- Stifle arthrosis, bilateral
- Obesity



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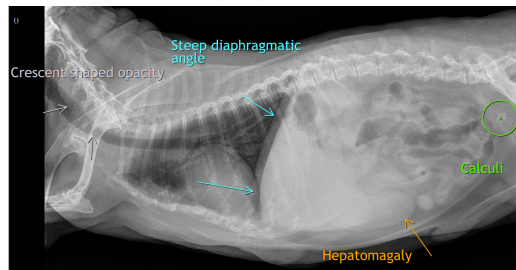
11/7/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diarrhea can be caused by, e.g., parasitic inflammation, viral infection, food intolerance, stress, IBD and tumor. Levels of B12 and folate should be tested, if it has not already been done. Gastro-intestinal ultrasound is recommended to assess wall thickness and layering.

The small pulmonary vessels are likely due to dehydration. The relative hyperlucency of the lungs in combination with the good expansion despite obesity and hepatomegaly can be due to air hunger. This may be caused by tracheal collapse, obstructive lung disease or pulmonary thrombo-embolic disease. However, in the absence of respiratory signs and a normal oxygen saturation this is unlikely to be of significance and may resolve once i.v. fluid has been given. Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.

A pendulous ventral abdominal wall combined with hepatomegaly is highly suggestive of Cushing's disease or Diabetes mellitus. The relevant blood tests are recommended. A sterile urine sample should be obtained for bacteriology and identification of the type of calculus.



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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