



PATIENT

Daisy Sanchez

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

15Y

WEIGHT

8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

74198

DATE

3-16-26

PRESENTING CLINICAL SIGNS

Pt has a persistent cough and seems lethargic. Tense abdomen

RADIOGRAPHS OF THORAX, ABDOMEN AND PELVIS

R/L lateral and VD, totaling 4 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth, alternating layers of fat and soft tissue opacity.

Rib 13 is missing on the left.

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T6.

The lung lobes extend to the thoracic boundaries. A tubular soft tissue opacity runs parallel and just lateral to the caudal vena cava (CVC) on the VD view. In the same lobe the vascular markings are blurred and bronchi are highlighted. However, these two findings are only present on the VD thoracic view, not on the VD abdomen where the tubular structure represents a lobar vessel.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

Abdomen

The abdominal detail is slightly reduced in the right cranio-dorsal abdomen; diaphragm and abdominal wall are intact.

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

The spleen is located along the abdominal wall between ribs 11 and 13.

The stomach contains a mixture of air and fluid. The duodenum, one jejunal loop and the cecum contain gas. The gas opacity in the proximal duodenum is shaped like a shepherd's crook. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of formed fecal matter.

Both renal shadows have a physiological size, shape and opacity. The bladder is moderately full, and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological.

Pelvis

The skin surfaces are smooth, and the muscles appear to be symmetrically developed.

All bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortico-medullary development and differentiation of the long bones are physiological.

Pelvis: the center of both femoral heads is located medial to the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces.

RADIOGRAPHIC DIAGNOSIS

R caudal lobe:



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- Interstitial pattern
- Soft tissue tubular structure

Abdomen:

- Reduced abdominal detail R cranial abdomen
- Altered shape proximal duodenum

Incidental finding:

- Transitional vertebra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tubular structure and interstitial pattern are only visible on one view, and could thus represent artefacts due to reduced inspiration or previous right lateral recumbency. Possible differential diagnoses for a true infiltrate include:

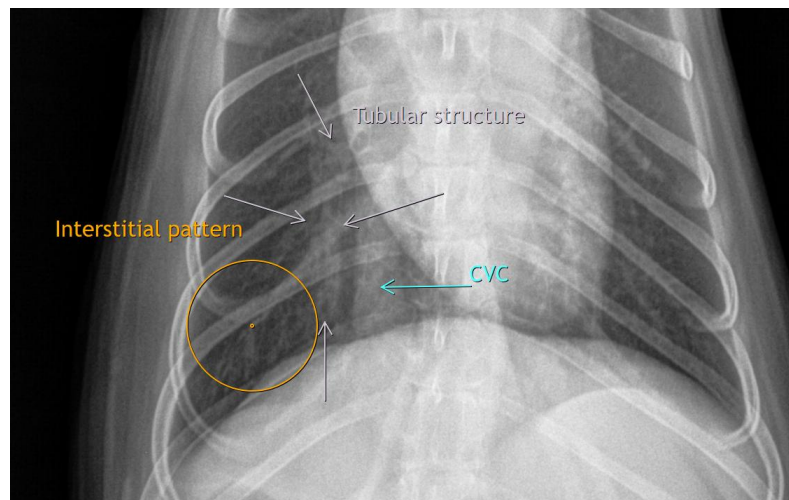
- Infection (bacterial, fungal, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)

Less likely:

- Edema
- Diffuse hemorrhage
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. During the same examination trachea and main stem bronchi should be assessed for collapse.

Decreased abdominal detail can be due to a lack of fat. In association with the altered shape of the proximal duodenum pancreatic diseases is possible. Full biochemistry, including cPLi, and haematology should be carried out if it has not already been done. Depending on the results of these tests, abdominal ultrasound can be carried out.





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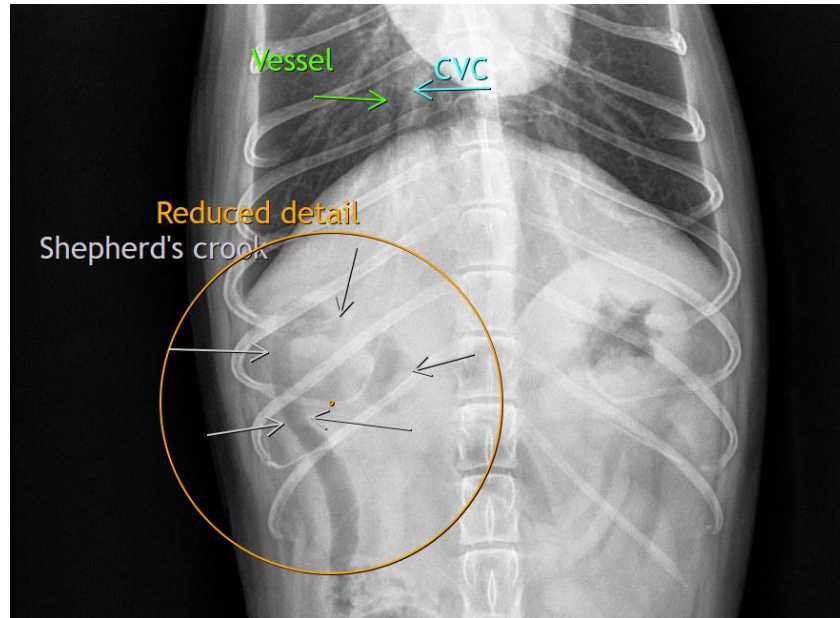
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com