



## PATIENT

Leigh Velez

## SPECIES

Canine

## BREED

Akita

## SEX

Female

## AGE

11Y

## WEIGHT

77.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Tatiana M Rosado, VN

## HOSPITAL NAME

Paseos Veterinary  
Center

## REFERRING VET

Dr. Francisco Ortiz

## INVOICE

74250

## DATE

3-18-26

## PRESENTING CLINICAL SIGNS

Subjective:

presented for evaluation of mammary gland masses and memory issues. A firm, tennis ball-sized mass was noted on the caudal mammary chain, primarily on the right side. Smaller masses are present on the left in the mid-mammary chain region.

Objective:

Cardiovascular: No murmur auscultated, concern for cardiomegaly on radiographs

Masses: Firm, tennis ball-sized mass on the caudal mammary chain, primarily on the right side. Smaller masses present on the left in the mid-mammary chain region.

Assessment:

- \* Mammary masses
- \* Suspect mammary neoplasia
- \* Slight anemia on CBC
- \* Positive for heartworm
- \* Suspect cardiomegaly
- \* Stable for vaccines

Abnormal PE/Chem/CBC/UA Results: CBC: Hct: 33.8, HGB: 11.7 MCV:51.7, MCH: 17.9 Reticulocyte hemoglobin 18.2 EOS: 1.33 MPV: 13.3 Chem17: Lipa:195 T4: Normal 4dx: Heart positive SDMA: Normal

## RADIOGRAPHS OF THE THORAX

L lateral and VD thorax and lateral of neck and cranial thorax are provided, totaling three radiographs for interpretation.

## RADIOGRAPHIC FINDINGS

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

The sternum is located to the right of the vertebral column on the VD view.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5. The tracheal diameter is homogeneous and physiological. A small amount of air is present in the esophagus dorsal to the terminal trachea.

The degree of pulmonary expansion is fair. The caudo-dorsal lobes show blurring of the vascular edges and highlighting of bronchi. vessels are well outlined to the tertiary branches. The bronchial tree shows thin calcified walls and tapers towards the periphery. Small, mineral opaque roundish structures are present independently to the blood vessels.

On the VD view the cardiac silhouette has followed the sternum and is located in the right hemithorax. occupies 75% of the chest height and 2.5 intercostal spaces (VHS= 11). The aortic arch is prominent on all views.



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## RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern

### Incidental findings:

- Bronchial calcification, mild
- Pulmonary osteomata/pleural plaques

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no metastases. Cardiac shape differs in right and left lateral recumbency and usually the aortic arch is more obvious in left lateral recumbency. In deep chested dogs I find it useful to obtain left and right lateral recumbent views for metastasis screening because the uppermost hemi-lung will be fully inflated and not obscured by the cardiac silhouette.

An interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

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

Less likely

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

Fecal samples to rule out parasites and bronchoscopy with broncho-alveolar lavage would be the next steps if respiratory signs develop.



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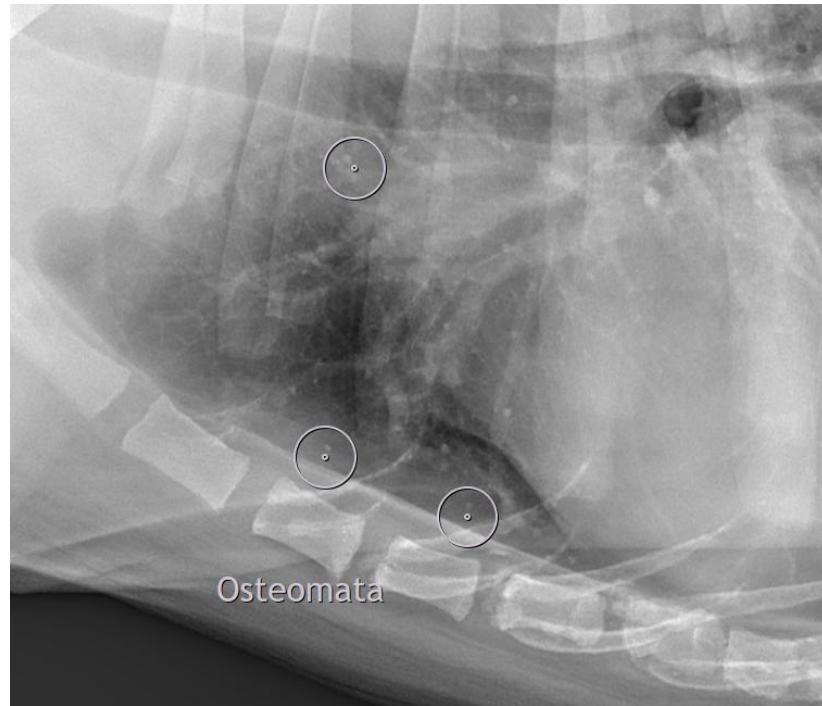
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR**  
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