



PATIENT

Archie Schultz

SPECIES

Canine

BREED

Welsh Springer Spaniel

SEX

MN

AGE

3Y

WEIGHT

40lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Karla Schultz

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Karla Schultz

INVOICE

74681

DATE

4-20-26

PRESENTING CLINICAL SIGNS

screening thoracic rads to r/o pneumonia. P had scrotal abscess excised on 4/7/2026 via scrotal ablation, culture positive for Nocardia. No other dermal lesions noted. P is immunosuppressed with cyclosporine (and tapering off Prednisone) for IMPA.

Abnormal PE/Chem/CBC/UA Results: PE: WNL today, scrotal ablation incision healing well. Normal thoracic auscultation, excellent energy. CBC/chem day of scrotal ablation 4/7: mild neutrophilia and thrombocytosis, chem WNL scrotal abscess culture: Nocardia 1+, sensitivity not performed

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

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

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. A tubular, soft tissue structure is superimposed onto terminal trachea and aorta, terminating in a crescent shape dorsal to the carina.

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery. The bronchial walls of the main bronchi show calcification.

The cardiac silhouette occupies 85% of the chest height and 2.5 intercostal spaces (VHS= 10.5). Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Bronchial calcification, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tubular structure with the crescent shaped termination most likely represents part of the right ventricular outflow tract and is visible because of the physiological BCS and thus little surrounding fat.



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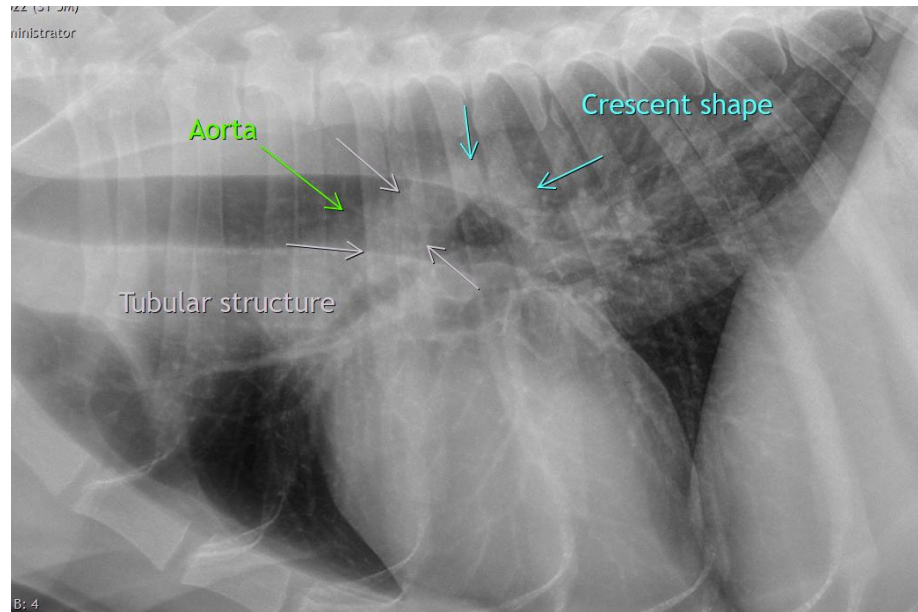
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com