



PATIENT

Enzo Jimenez

SPECIES

Canine

BREED

Mixed

SEX

Male Neuter

AGE

6Y

WEIGHT

65lbs

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

74827

DATE

4-30-26

PRESENTING CLINICAL SIGNS

Mass sq R Thorax Rapidly growing

possible mesenchymal tumor rads sent for metastasis check

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 6-7/9 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 diverges from the thoracic vertebrae, and the carina is located level with T5/6. A small amount of esophageal air is present in the cranial thoracic esophagus in left lateral recumbency.

The aerated lung lobes extend to the thoracic boundaries. The tertiary branches have a blurred outline, resulting in a reticular pattern in both caudal lobes on the VD view. End-on blood vessels appear prominently opaque. Some are associated with irregular mineral deposits which is most obvious on the VD view in the 6ths visible intercostal space on the left. In left lateral recumbency bronchi overlying the caudal vena cava (CVC) are highlighted by surrounding soft tissues. On the VD view the gap between CVC, cardiac silhouette and sternum shows a triangular soft tissue opacity.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern caudal lobes
- Localized bronchial visibility
- Calcified opacity L cranial lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding and can be accentuated by increased surrounding soft tissues and chosen exposure. 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,)
- Edema
- Diffuse hemorrhage
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

The localized consolidation could be due to partial atelectasis or infiltrate. In case respiratory signs are present, fecal samples should be obtained to rule out parasites. The calcification is likely due to pulmonary osteomata; however, depending on the histological results of the mass, monitoring is recommended.



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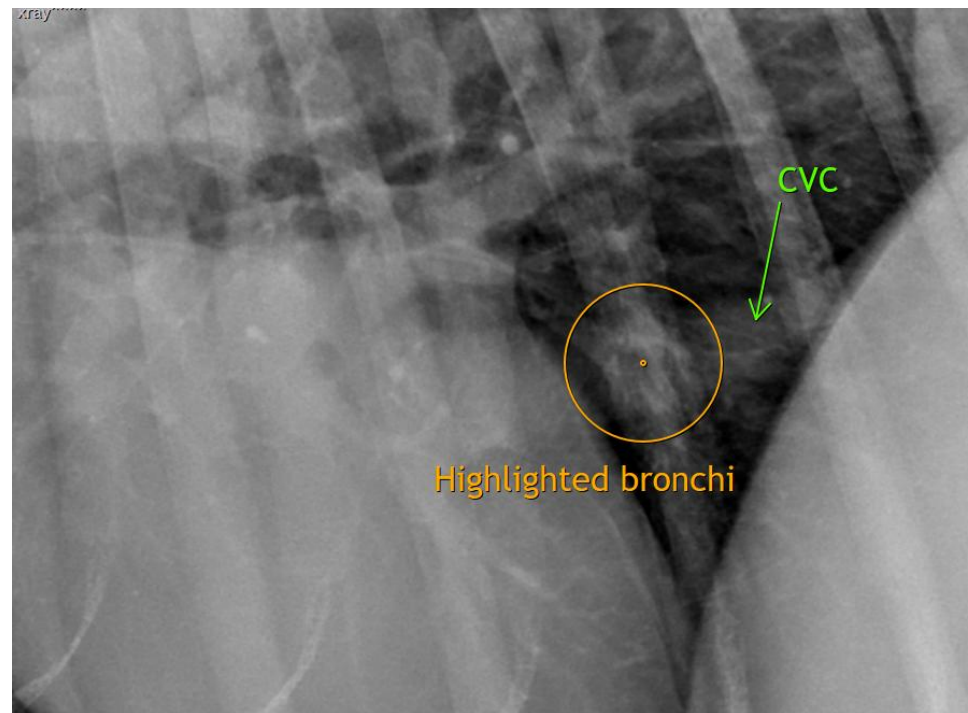
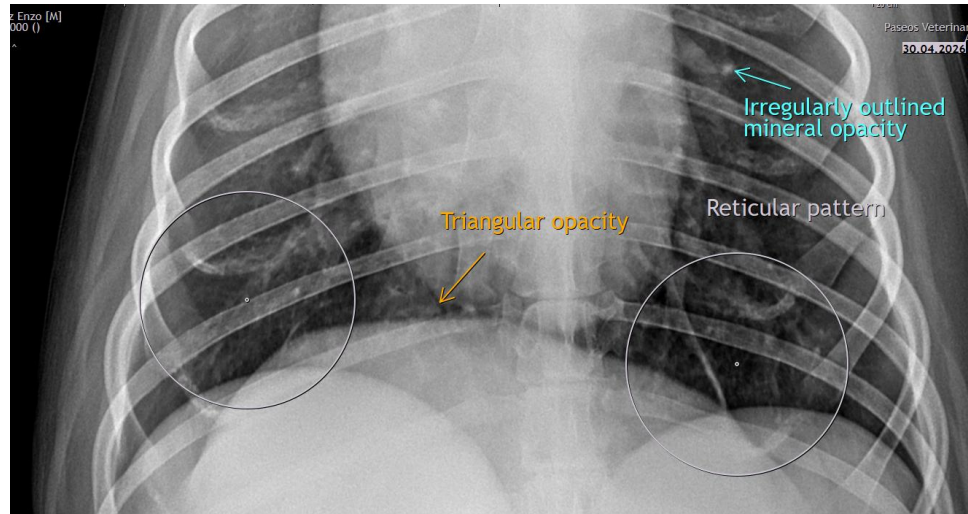
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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