



## PATIENT

Hachiko Echeveri

## SPECIES

Canine

## BREED

Mix

## SEX

Male Neutered

## AGE

15Y

## WEIGHT

22lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carmen

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Anderson

## INVOICE

74460

## DATE

4-6-26

## PRESENTING CLINICAL SIGNS

Pt has been vomiting and having diarrhea. Multiple episodes since Friday. Minimal improvement on maropitant.

Not eating, lethargic, tacky gums.

Vomited bile today

## RADIOGRAPHS OF THORAX AND ABDOMEN

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

## RADIOGRAPHIC FINDINGS

A large amount of dorsal s.c. fat is present.

The bony structures are within normal limits.

### Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5.

The degree of pulmonary expansion is good. The lung lobes extend to the thoracic boundaries. Pulmonary vessels are visible to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

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 organs are surrounded by fat; diaphragm and abdominal wall are intact.

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

The head of the spleen appears physiological.

The stomach contains a small amount of air. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of gas, and the walls are slightly corrugated.

Both renal shadows have a physiological size, shape and opacity. The bladder is small.

A clear prostatic outline is not visible

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

- Possible colitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no signs of obstruction. Intestinal wall corrugation is usually due to inflammation. It is likely that a viral gastro-intestinal disease is present. Should conservative treatment not result in improvement within the next 2-3 days, abdominal ultrasound is recommended.



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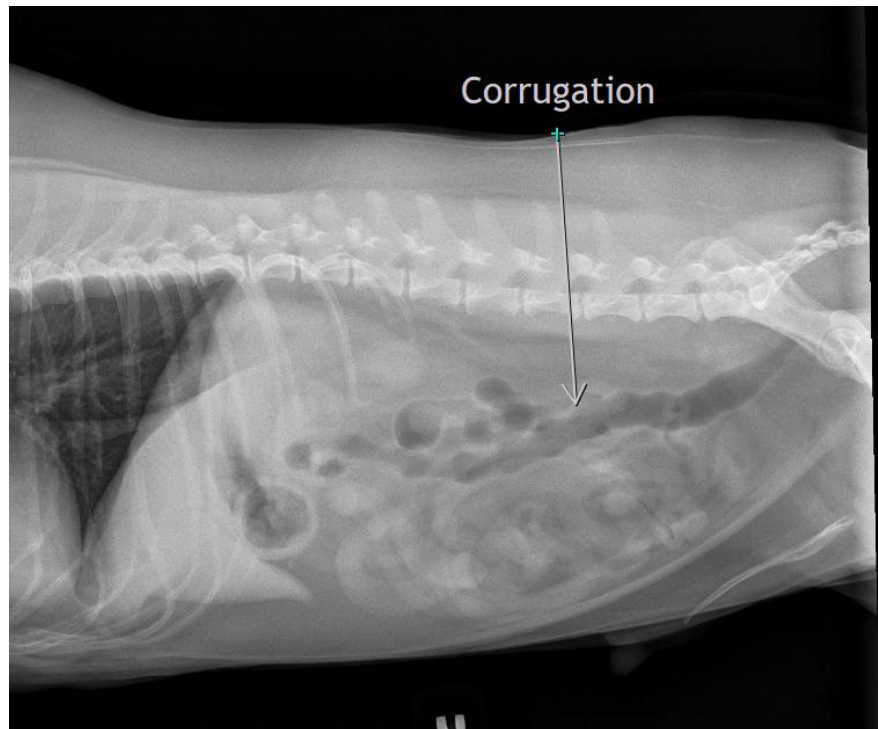
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)