



PATIENT

Raiden Raiden

SPECIES

Canine

BREED

Husky Mix

SEX

FS

AGE

12Y, 7M

WEIGHT

65.4

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Kelsey/Rylee

HOSPITAL NAME

North Winds
Veterinary Services

REFERRING VET

Michael Sheruda

INVOICE

74320

DATE

3-24-26

PRESENTING CLINICAL SIGNS

- Rads previously taken for coughing revealed pulmonary nodules.
- Discussed with o likely metastatic cancer
- Referred to Valley Central internist & confirmed likely suspicion
- O concerned about blastomycoses & is currently receiving itraconazole at o request
- O requested repeat rads (taken today & attached) to be evaluated by radiologist

Abnormal PE/Chem/CBC/UA Results: Valley Central performed abdominal ultrasound & splenic mass discovered (report attached)

RADIOGRAPHS OF THE THORAX

Right/left lateral and ventrodorsal views provided for review.

RADIOGRAPHIC FINDINGS

The x-rays of the chest impress with a nodular interstitial pattern with multiple soft tissue-dense nodules of different sizes, which are predominantly well marginated. In addition to that, there are significant bronchial densities noted with peri-bronchial infiltrates and bronchial wall thickening in all lung parts on both sides.

A relevant amount of free pleural fluid is not noted. Mildly thickened pleural lines are indicated. The mediastinum and mediastinal organs appear inconspicuous, including the heart. The surrounding bony structures are inconspicuous without signs of an aggressive lesion. The thoracic borders are intact, including the diaphragm.

RADIOGRAPHIC DIAGNOSIS

- Predominantly nodular interstitial lung pattern with bronchial wall thickening and bronchial infiltrates
- Broncho-interstitial lung pattern with tracheal and bronchial wall mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Radiographic findings are severe and do match with the clinical presentation. The significant nodular pattern is commonly seen with metastatic neoplasia and granulomatous disease, whereas the bronchial changes represent an active inflammatory process as seen with bronchitis/interstitial pneumonia. Primary pulmonary neoplasia is unlikely. I would favor metastatic pulmonary disease which may cause additional secondary pneumonia. However, radiographs are unspecific and granulomatous inflammation -for example- blastomycosis- cannot be fully excluded. Further differentiation is a matter of the temporal course during therapy and radiographic rechecks.

Next diagnostic steps could be endoscopy with BAL for cytology and microbiological testing (r/o blastomycosis, coccidioidomycosis) and/or tomography to search for primary neoplasia and to take CT-guided samples.



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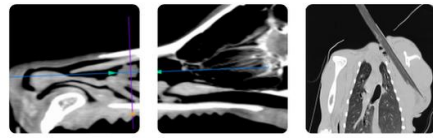
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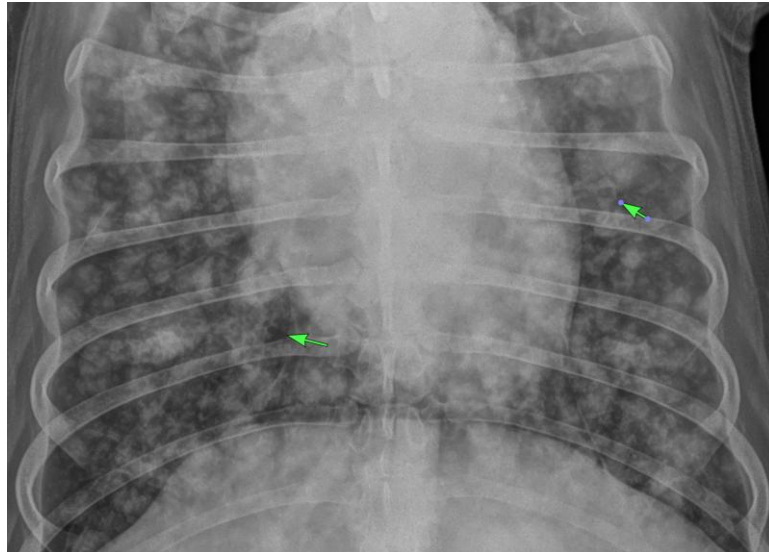
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com