



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Denver Burns
SPECIES Canine
BREED Golden Retriever
SEX Spayed Female
AGE 3

History: Px has a chronic hx of gagging episodes and secondary cough. Most recent episode has been going on 2 days. Recent grooming @ PetSmart. Px was put on metoclopramide 5 mg am by RDVM and takes "Cough Tabs" PRN by RDVM. Today px is BAR and lungs auscult clearly, easily illicitable cough, px doing gagging motions/swallowing motions in room. No resp. distress noted. Px ate 2.5 hours prior to presentation. Xrays taken to evaluated cervical/thoracic airway and abdomen

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

Thorax

The cranio-ventral lobes are slightly displaced dorsally by a crescent shaped soft tissue opacity dorsal to sternebra 1. Otherwise, the lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the secondary branches, the tertiary branches are slightly blurred. The bronchial tree is thin walled and tapers uniformly towards the periphery.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

3 The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS 10.5). No chamber or outflow tract enlargement is evident.

Abdomen

The abdominal detail is good; diaphragm and abdominal wall are intact.

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

The spleen appears physiological.

The entire stomach is located within the rib cage, contains air, fluid and some solid material and its axis is slightly cranially rotated. The distribution of the small intestinal loops appears physiological; the caudally located, gas filled loops appear slightly prominent on the lateral view but change size and position on the VD views. Colon and rectum contain a small amount of unformed fecal matter.

Both renal shadows are superimposed by intestinal loops but do appear to have a physiological size, shape and opacity. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Possible sternal lymph node enlargement
- Mild loss of tertiary vessel outline
- Very mild intestinal gas distension

INVOICE

20576

DATE

1/13/23

INTERPRETED BY

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

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. James Hornbuckle



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Denver Burns

Sternal lymphadenomegaly can be due to thoracic or peritoneal disease. However, full expansion of the cranial lobes, as seen here, can also highlight them even though they are not enlarged. The mild interstitial lung pattern is a non-specific finding and accentuated by the technique. Possible differential diagnoses for a true infiltrate include:

SPECIES

- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
- Edema
- Hemorrhage
- Tumor (e.g. lymphoma)

BREED

Golden Retriever

The gastro-intestinal passage of food depends on the type of food and the amount of stress the animal experiences (e.g. travelling and visits to the vet). Even small amounts of food can thus be retained in the stomach for a long time. This is especially important in Barium studies because the time for the Barium to pass through into the colon has been established in animals starved for at least 24 hours prior to the examination. Even then stress can delay the beginning of gastric emptying for up to 45 minutes.

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The air in the esophagus caudal to the larynx in the right lateral recumbent view is an incidental finding. Due to the superimpositioning of the upper leg muscles and fascial plains of the neck, a false impression of a mass lesion can occur. To examine the esophagus Barium fluoroscopy can be used to examine the contractility and to look for foreign objects. Esophagoscopy is important for the examination of the mucosa, e.g. inflammation due to gastric reflux.

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In short, I can see no reason for the animal's clinical signs and thus further examinations are necessary. During tracheoscopy pharynx and larynx can be inspected for masses (e.g. tonsillar or thyroid enlargement). Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is necessary.

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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.

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PATIENT

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.

Denver Burns

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