


PATIENT PRESENTING CLINICAL SIGNS

Fiona De Jesus MM pail CRT >2sec fecal none seen radiographs: difficulty to appreciated heart soft tissue opacity though chest cavity, lungs dorsally displace with decrease lung scape. abdomen no mass displacement noted but soft tissue opacity through abdomen suspect free fluid 4dx negative x4 Direct: quick scan abdomen no mass noted, ascites confirm tap free fluid abdomen serosanguinous QAR No heart murmur distended abdomen abdominal respiratory effort no crackles or wheezes noted

Abnormal PE/Chem/CBC/UA Results: cbc mild anemia HCT 35.2% chem unremarkable

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN
BREED

2x RLR, 2x DV

English Bulldog

RADIOGRAPHIC FINDINGS
SEX

Female

The body condition score is 7/9 with a pendulous ventral abdominal wall and reduced abdominal detail. Congenital vertebral deformities and ventral spondylosis (T9/10) are present. Sternebrae 4 and 5 are fused and ventrally deviated

AGE

13 Years

The degree of pulmonary expansion is fair at best. The tip of the right cranial lobe is rounded and located level with rib 4. The other lung lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible on the DV views. Though the outline is slightly blurred.

The cranial mediastinum is wide, almost filling the entire cranial thorax on the DV views. Marked tracheal deviation to the right is evident. The trachea runs parallel to the thoracic vertebrae and dips at the carina. Esophageal air is present.

INTERPRETED BY

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

The cardiac silhouette occupies 90% of the chest height and 4.5 intercostal spaces; on the DV view it occupies approx. 2/3 of the thoracic width and appears round. No chamber or outflow tract enlargement is apparent. On the DV view the caudal vena cava (CVC) is wide.

RADIOGRAPHIC DIAGNOSIS
HOSPITAL NAME

Paseos Vet Center

- Cardiomegaly, generalized
- Interstitial pattern
- Wide CVC
- Wide cranial mediastinum
- Ascites

REFERRING VET

Dr. Walker

Incidental findings

- Congenital vertebral and sternal deformities
- Spondylosis

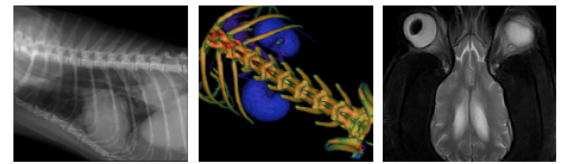
INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
DATE

1/14/22

The poor lung expansion is most likely due to the increased abdominal pressure caused by the ascites. The relative increase of the cardiac silhouette could have the same reason and echocardiography is need to identify if pericardial effusion or DCM (which can affect both or just the right side) are present. The wide cranial mediastinum is common in this breed and usually contains fat, which is also present



PATIENT dorsal to the cervical trachea. Ultrasonography is necessary to rule out distension of the cranial vena cava and masses such as lymph node enlargement.

Fiona De Jesus

The generalized interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

SPECIES

Canine

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

BREED

English Bulldog

- Hemorrhage
- Tumor (e.g. lymphoma)

The imaging findings should be correlated with the clinical findings before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out.

SEX

Female

Widening of the CVC can be caused by obstruction (Budd Chiari) or may be part of hepatic congestion due to a cardiac disease. Abdominal ultrasound is recommended. The mild interstitial pattern

TECHNICAL COMMENTS

AGE

13 Years

Only jpg images were submitted. The transformation from DICOM to jpg reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports I suggest submitting DICOM images in the future.

INTERPRETED BY

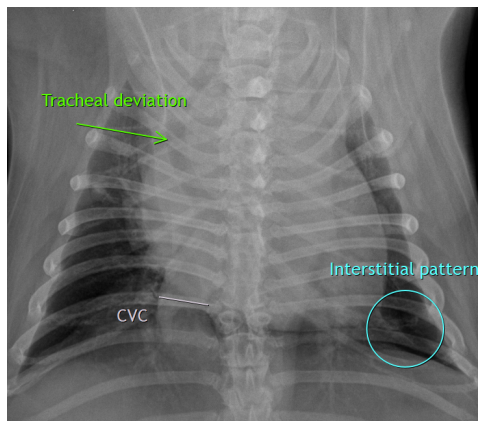
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HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Walker



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

INVOICE

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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.

DATE

1/14/22

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