

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Connor Swanson
SPECIES History: 1/28/22 Pt came in for an exam- Per O Pt looks like he is in pain. Been going o for a month now. Pt use to be pretty active but now he is laying down in a different room then normal. Pt has been limping on the hind legs but O wasn't to worried about but now it's happening often. Huge weight lost over a month. Per Dr. Elliott - : OPen- R/O V, neoplasia, viral, bact, fungal, other Desert blood profile was sent, still pending.

Canine

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

BREED The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity. A large amount of new bone is present along the entire ventral aspect of L2. Spondylosis is present L4, L5/6 and L7/S1. Mild bridging new bone is present dorsal to the intersternebral spaces. New bone is just visible on the right femoral neck.

Labrador Retriever Mix

SEX Thorax

SEX Neutered Male
 The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches on most of the VD views. On the lateral views some peripheral bronchi are highlighted and centrally some bronchial walls are calcified. The degree of pulmonary expansion varies.

AGE

7 Years 5 Months
 The cranial mediastinum is physiological.

INTERPRETED BY

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

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

Abdomen

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

HOSPITAL NAME

Ahwatukee
 Commons VH

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

The spleen appears physiological.

The stomach is filled with food; the small intestinal loops have a physiological distribution and size. Colon and rectum contain a moderate amount of formed fecal matter.

REFERRING VET

Linda Elliot, DVM

Both renal shadows appear to be of physiological size. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

The sublumbar region appears physiological.

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RADIOGRAPHIC DIAGNOSIS

DATE

1/28/22



PATIENT

Connor Swanson

- Variable interstitial pattern
- New bone ventral L2
- Spondylosis
- Arthrosis R hip joint

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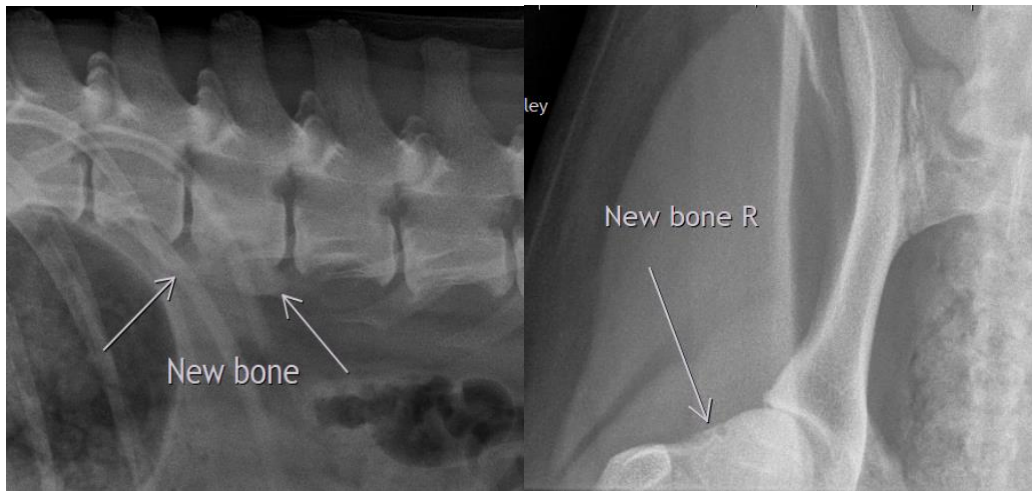
Linda Elliot, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ventral new bone at L2 is most likely part of the spondylosis but could also be associated with infection or tumour. A lateral radiograph centered on L2 can show if bony irregularities are present. Manipulation of this region should be painful if a disease process is present. I have been unable to find a reason for the weight loss but infiltrative tumours such as mast cell tumour can only be identified with FNA. Thus, abdominal ultrasound with FNA of liver and spleen, or other abnormal structures, is recommended.

The interstitial lung pattern is a non-specific finding and is most likely due to the variable expansion of the lung fields on the different views. Respiratory signs should be present before further evaluation by means of trachea-bronchoscopy with bronchoalveolar lavage is carried out.

Limping could also be the result of a more generalized disease such as Borreliosis or encephalomyelitis. Spinal cord disease and disc protrusion should be considered and a neurological examination is recommended if it has not already been performed; depending on the findings, CSF analysis may be necessary.



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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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.



PATIENT **Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com

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Mix

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Neutered Male

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