



PATIENT

Coco Chanel Marrero

PRESENTING CLINICAL SIGNS

The patient has a Hx of coughing for the past 3 days and anorexia, patient had a radical mastectomy performed in the past years -- the biopsy was benign ---patient is atopic and currently on ketoconazole

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

2 orthogonal views

BREED

Boston Terrier

RADIOGRAPHIC FINDINGS

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

The bony structures appear physiological.

SEX

Female Spayed

The degree of pulmonary expansion is fair at best. A patchy infiltrate is present on the left side and loss of clear vascular pattern with bronchial enhancement is evident in the right caudal lobe. The pulmonary veins for the caudal lobes are enlarged (2x width of rib 9).

AGE

13 Years

The cranial mediastinum appears increased in height due to an irregularly outlined soft tissue structure which displaces the cranial lung lobes caudally. On the orthogonal view the left cranial thorax is occupied by a soft tissue opacity which obscures the cranial heart border. The trachea runs parallel to the thoracic vertebrae and is elevated at the carina; between C3 and T4 the air in the lumen is reduced by a dorsal soft tissue opacity.

INTERPRETED BY

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

The cardiac silhouette occupies 95% of the chest height and 4 intercostal spaces (VHS 12). The caudal heart border is straight, tenting of the left atrium is present and the sternal contact is increased. A large bulge is present at 3 o'clock.

HOSPITAL NAME

Paseos Veterinary
Center

RADIOGRAPHIC DIAGNOSIS

- Left sided cardiomegaly, severe
- Enlargement of pulmonary veins
- Alveolar-interstitial pattern
- Cranial mediastinal mass
- Tracheal collapse

REFERRING VET

Dr. F. Ortiz

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

47902

The changes are compatible with a primary left sided cardiomegaly, most likely due to mitral endocardiosis. This has resulted in venous congestion and pulmonary edema. The soft tissue opacity in the cranial left mediastinum most likely represents a mass and could be due to a thymic lymphosarcoma. Ultrasound is strongly recommended to confirm this possibility and to obtain a sample.

DATE

10-21-21

Tracheal collapse can be due to a weakened dorsal tracheal ligament and may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g. L cardiac enlargement, pulmonary infiltrate) reduces the ease of airflow. Echocardiography to assess mitral valve regurgitation and L atrial size is recommended.



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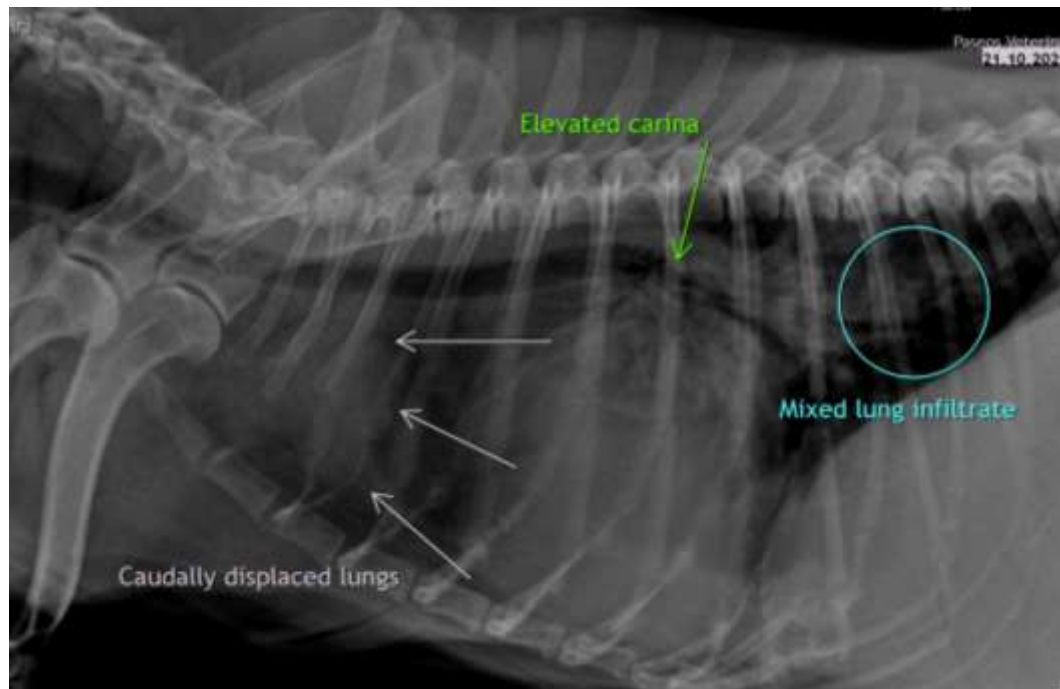
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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