



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Deuce Armellini **PRESENTING CLINICAL SIGNS** History: Reason for Visit: follow up from Emergency clinic History: At LEAD ER yesterday for acute onset vestibular dz....rotary nystagmus, right head tilt, ataxia Her acupuncture vet felt that it was a cervical disc, unable to walk, o mentioned p doesn't apply pressure on right front leg

**SPECIES** Canine **BREED** Pitbull  
 Abnormal PE/Chem/CBC/UA Results: Mentation: BAR EENT: No nystagmus, mild anisocoria with right pupil slightly larger but has mild iris atrophy OD. Left ear rust brown dx with mild inflammation No visible facial droop. Positive menace, positive palpebral, positive PLR's CV/Respiratory: N Neurological: right head tilt, non-ambulatory. Hard CP deficits right front and right rear, ataxic left rear. Positive motor all 4 legs but weak on right side. Positive withdrawals all 4. No neck or back pain but does have limited movement of neck in all directions Ear cytology: AD NSF, AS 0-2 cocci

**RADIOGRAPHIC STUDY OF THORAX AND NECK**

**SEX Thorax**

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

**AGE** A small amount of ventral spondylosis is present T9/10.

**AGE** 13 Years The bony structures appear physiological.

**INTERPRETED BY** The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible on the DV view, but the tertiary branches are blurred, and adjacent bronchi highlighted.

**INTERPRETED BY** Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

**HOSPITAL NAME** The cardiac silhouette occupies 85% of the chest height and 3.5 intercostal spaces (VHS 11.5). No chamber or outflow tract enlargement is apparent.

**HOSPITAL NAME** DPC Veterinary H **Neck**

**REFERRING VET** The C4/5-disc space is reduced.

**REFERRING VET** Dr. Feldt Three smoothly outlined, mineral opacities with convex ends are located in the dorsal tracheal airspace level with C3/4; they are not apparent on the orthogonal view.

**INVOICE RADIOGRAPHIC DIAGNOSIS**

- 14075
- C3/4 disc space reduction
  - Interstitial pattern
  - Mineral opacities caudal to the larynx

**DATE**

10/29/21



**PATIENT**    **Incidental Finding**

Deuce Armellini    • Spondylosis

**SPECIES**    **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine    Accurate positioning of the spine is difficult even under G.A. and cord compression can only be identified with myelography or in cross sectional imaging. Due to the severity of the clinical signs and the reduced disc space, CT or MRI is necessary if surgery is considered. Bullae and brain should be included to rule out otitis media with ascending infection to the brain.

**BREED**  
Pitbull    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:

- SEX**
- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
  - Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
  - Fibrosis
  - Tumor (e.g. lymphoma)
- Neutered Male

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

The mineral opacities are not apparent on the DV view and thus could be located in the midline (trachea or esophagus) or were present outside of the dog in lateral recumbency. Should clinical signs be present, the lateral radiograph should be repeated and may have to be followed by esophagoscopy or tracheoscopy.

**INTERPRETED BY**

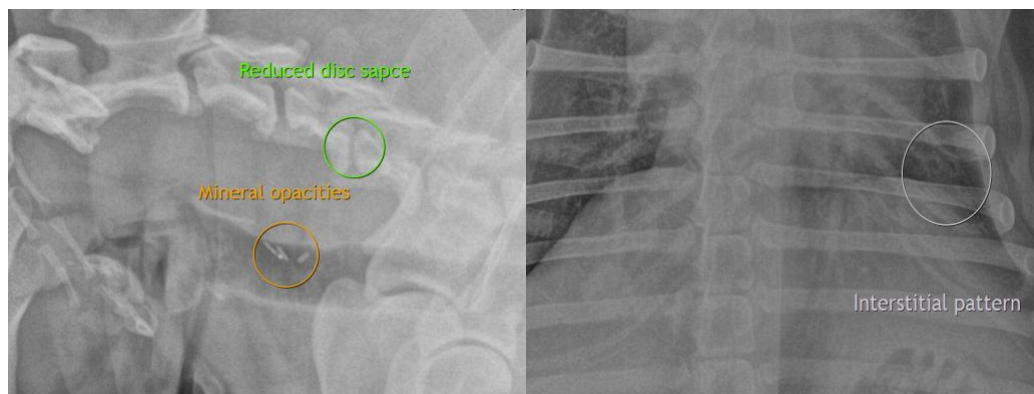
Heike Rudolf, DVM,  
Dr. med. Vet.,  
DipECVDI DVR

**HOSPITAL NAME**

DPC Veterinary H

**REFERRING VET**

Dr. Feldt



**INVOICE**    **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.**  
14075

**DATE**    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.

10/29/21



**PATIENT** **Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
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Deuce Armellini

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

13 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

DPC Veterinary H

**REFERRING VET**

Dr. Feldt

**INVOICE**

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