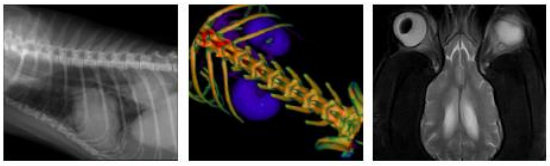

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PATIENT

Sunny Hurst

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

9 Years

INTERPRETED BY

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

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Welch

INVOICE

13609

DATE

10/7/21

PRESENTING CLINICAL SIGNS

History: Was seen at referral hospital and possible bladder stones noted. Abdominal radiograph consult revealed possible lung pathology, therefore 3 view chest radiographs recommended for evaluation. No clinical signs of respiratory or heart disease noted. however, we discovered a splenic lesion on abdominal ultrasound (with a sonopath technician) today after the case was already submitted. I was wondering if this information could be added to the radiology report for the history so that the radiologist was aware of this detail when evaluating the films. I will attach information on the patient below.
Abnormal PE/Chem/CBC/UA Results:

RADIOGRAPHIC STUDY OF THE THORAX

The surrounding structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The main stem bronchi are calcified. The degree of pulmonary expansion is fair. Pulmonary nodules are not apparent.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. In right lateral recumbency the visible cervical tracheal air is reduced from dorsally by a crescent shaped, soft tissue opacity.

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

RADIOGRAPHIC DIAGNOSIS

- Bronchial calcification
- Cervical trachea with potential collapse
- No other pulmonary changes detected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no pulmonary metastases or lymphadenomegaly.

Bronchial calcification is usually the result of a previous bronchitis or an age-related change. The soft tissue opacity of the cervical trachea may represent a superimposed structure e.g. esophagus or could be due to a sagging tracheal membrane. Tracheoscopic examination will be able to differentiate thiese
The changes on the edge of the abdominal view are not located in the lung but in the esophagus. The tubular enlargement is most likely due to fluid.

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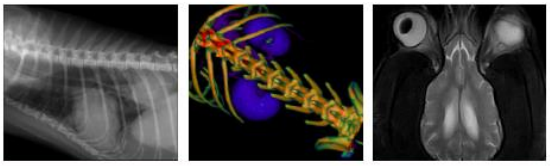

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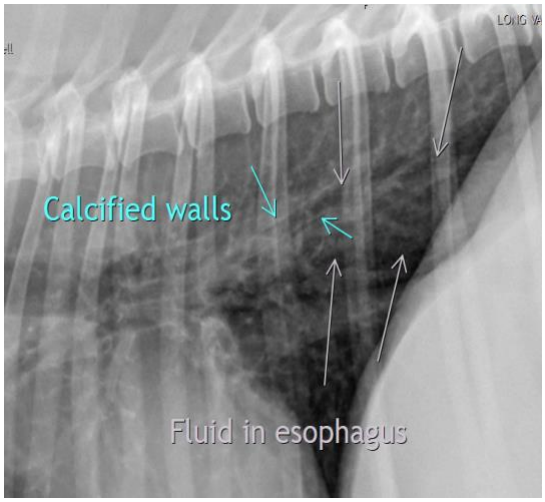

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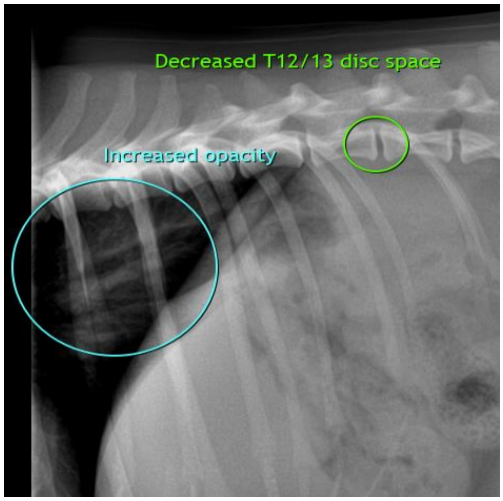

30.09.21

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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com