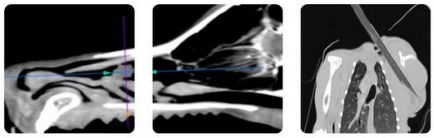

PATIENT

Junior Snow Covington

SPECIES

K9

BREED

Maltese Mix

SEX

Male

AGE

10Y, 7M

WEIGHT

11.3

INTERPRETED BY

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

IMAGING PERFORMED BY

DTLAvets

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

72508

DATE

11-5-25

PRESENTING CLINICAL SIGNS

neurologic signs (ataxia) after receiving dose of Simparica 3 days ago; presented today severely hypoxic (80%) w pale pk MM and CRT 3s but acting not dyspneic

RADIOGRAPHS OF THORAX AND ABDOMEN

R/L lateral and VD, totaling 7 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 5/9 with smooth, with little s.c. fat.

A small osteophyte is present on one caudal humeral head.

Thorax

The cranial mediastinum is of normal size and opacity. The trachea diverges from the thoracic vertebrae, and the lumen has a physiological height. In left lateral recumbency a small amount of air is located in the cranial thoracic esophagus and the caudal esophagus between heart and diaphragm is of soft tissue/fluid opacity.

The degree of pulmonary expansion is fair with the cranial crus of the diaphragm located at T8/9, while the pulmonary parenchyma appears lucent. The lung extends to the thoracic boundaries. Pulmonary vessels measure approx. 50% of rib 4 at their intersection in left lateral recumbency and are barely visible at ribs 9 on the VD.

The cardiac silhouette occupies 70% of the chest height and 2.5 intercostal spaces (VHS 8.5). Chamber or outflow tract enlargement is not obvious.

Abdomen

The abdominal organs are surrounded by a small amount of fat; diaphragm and abdominal wall are intact.

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

The head of the spleen appears physiological.

The stomach is distended with air. The small intestinal loops contain mainly gas; distribution and size appear physiological. Descending colon and rectum contain formed fecal matter.

Both renal shadows are obscured by intestinal contents on the VD view, but multiple, small calcium deposits are present in the region of the kidneys on both lateral views. A round shadow of soft tissue opacity is located just cranial to the pubic brim and likely represents the urinary bladder.

An obviously enlarged prostatic shadow is not evident.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Smallish pulmonary vessels
- Smallish cardiac silhouette
- Lucent lung fields
- Gas filled gastro-intestinal tract

Incidental findings:

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- Osteophyte humeral head
- Renal calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reduced vessel size and a VHS of 8.5 in association with hyperlucent lung fields, despite expiration, suggest hypovolemia and underperfusion; differential diagnoses include pulmonary thrombo-emboli (PTE) e.g., due to tumor, parasites (heart and lung worm), sepsis, hypercoagulation, Addison's disease and, in young dogs, pulmonic stenosis. The low oxygen saturation described suggests pulmonary emboli. The amount of air in the gastro-intestinal (GI) tract could be due to aerophagia caused by dyspnea or GI disease.

Sarolaner, the active ingredient in symparica, belongs to the isoxazoline drug class, which can have neurologic (e.g., muscle tremors, ataxia, difficulty walking) side effects if given incorrectly, in an overdose, or in combination with over-the-counter drugs. Other serious side effects may include nonstop vomiting or complete loss of appetite. I can therefore not rule out the possibility that the ataxia could be related to the drug. However, larvae migrans can cause similar symptoms. Should the hypoxia persist, contrast CT can identify thrombi in the pulmonary arteries. Echocardiograohy may already show secondary signs of ventricular dysfunction cased by PTE and is thus recommended. Abdominal ultrasound can be used to identify renal size and shape, including the position of further calculi; creatinine and urea can be helpful in determining renal disease.

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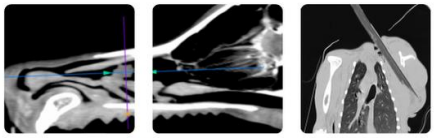

Teleradiology
Educational Teleconsultation Services™

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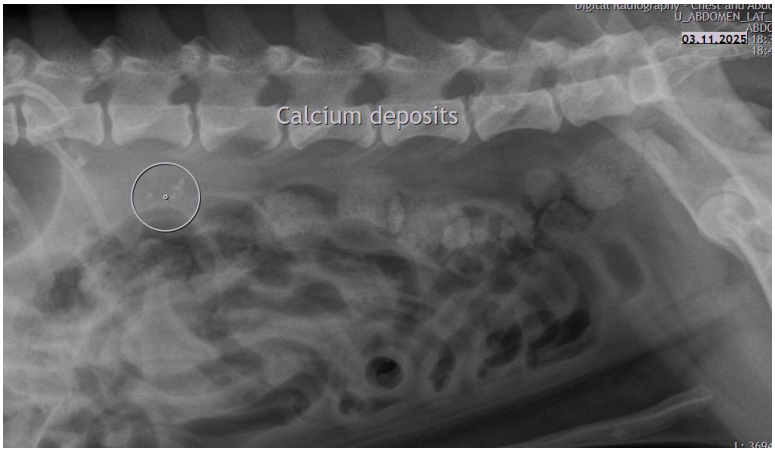

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com