



PATIENT PRESENTING CLINICAL SIGNS

Dorley Hoang History: Dorley presented for urinary obstruction on 12/15/22. Received buprenorphine to dislodge urethral stone and place indwelling foley catheter. Several hours later, patient was found laterally recumbent, tachycardic, VPCs, SpO2 89%, B lines seen on thoracic ultrasound, nasal canula placed, suspected aspiration pneumonia.

SPECIES Abnormal PE/Chem/CBC/UA Results: WBC 40.34 Neut 35.12 Lymph 0.82 Mono 4.19 Creatinine 2.09 BUN 36

Canine

RADIOGRAPHIC STUDY OF THE THORAX

BREED The body condition score is 7/9. An elongated thickening with poor visibility of the layering is located ventral to the caudal sternum.

German Shepherd

Spondylosis is present T4-6; new bone is bridging the dorsal aspect of the intersternbral space S2/3.

SEX An ill-defined increase in opacity obscures the tip of the heart in right lateral recumbency and a thin, tubular gas shadow extends into it from dorsally. The lungs in the cranio-ventral thorax, just dorsal to the sternum, show a reticular increase in opacity with loss of the clear vascular outline and bronchial enhancement. In left lateral recumbency the cardiac silhouette is elevated by the right middle lobe.

Male

On both DV views a relatively circular (approx. 6cm) soft tissue shadow is visible between the ribs 6 and 8, counting from the first visible rib; vessels and bronchi are visible. The lung volume is reduced on the left.

AGE

10

The heart in the mid-mediastinum is located in the left hemithorax. The trachea diverges from the thoracic vertebrae and dips at the carina.

INTERPRETED BY The cardiac silhouette occupies 65% of the chest height and 2.5 intercostal spaces (VHS 9). No chamber or outflow tract enlargement is evident. The lobar vessels are on the lower end of the normal size.

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

RADIOGRAPHIC DIAGNOSIS

- Alveolar pattern left middle lobe
- Interstitial pattern left cranio-ventral lobes
- Mediastinal shift to the left
- Microcardia and hypovolemia, mild

HOSPITAL NAME

Animal Surgical
Center Oceanside

Incidental findings

REFERRING VET

- Spondylosis
- Smooth new bone dorsal intersternbral space

Old Country AC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A mediastinal shift to one side can be due to poor reinflation after prolonged lateral recumbency or due to overinflation and increased pressure of the other side. In lateral recumbency lung atelectasis will then be present on the side the mediastinum has shifted to. This would be a physiological explanation for the presence of the alveolar-interstitial pattern in the left lung. A decreased SpO2 can have been caused by pulmonary infiltrate (e.g. pneumonia, edema) but can also be secondary to e.g. pulmonary embolus formation or anemia. However, in combination with the high WBC an infection is

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likely. Antibiotic treatment should be initiated and radiographs as well as hematology monitored in the follow up. The circular opacity overlying the right lung most likely represents the changes in the soft tissues of the sternum. Due to the breed, I suggest ultrasound of the spleen to rule out a tumour.

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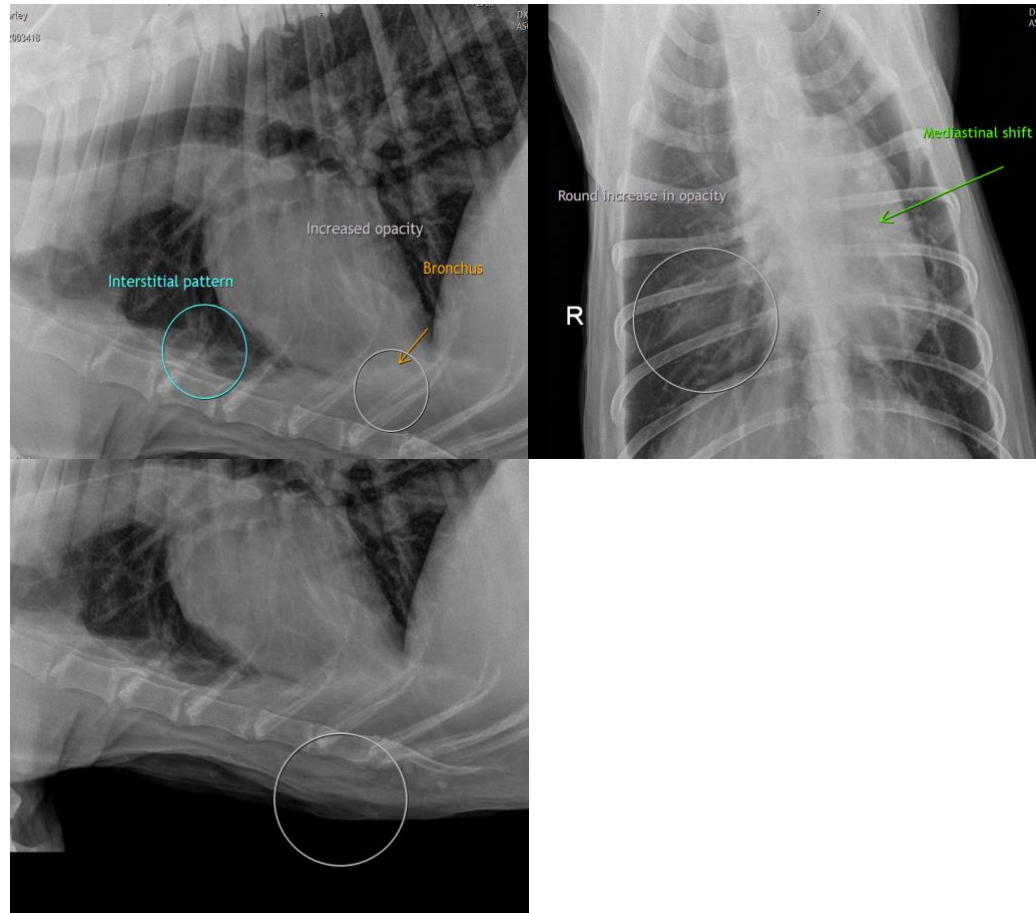
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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