



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Perla Bernier
SPECIES Canine
BREED Mixed
SEX Female Spayed
AGE 5 Years

Patient presented for recurrent history (years) of clear nasal discharge and congestion. Patient was treated on 9/22 with temaril-p and cough tabs. Patient improved dramatically. Clinical signs completely resolved according to owner but returned after finishing medications. Patient returned again on 11/23 treated with hydroxyzine bu owner did not see any improvement. Patient presented today 12/17/2022 with marked clear nasal secretion. and one episode of a cough this morning. On physical examination patient did not show a cough upon tracheal palpation, no pulmonary congestion nor murmur. History of Immune-mediated Thrombocytopenia

Abnormal PE/Chem/CBC/UA Results: CBC: Platelet count of 137 (148-484), all other parameters wnl Respiratory PCR pending

RADIOGRAPHS OF THE THORAX

RLR, LLR extended neck, DV

RADIOGRAPHIC FINDINGS

The body condition score is 8/9 with lipomatous masses on the chest walls, especially the left.

The bony 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 bronchial tree is thin walled and tapers uniformly towards the periphery.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina. The reduction of tracheal height during neck extension is within normal limits.

The cardiac silhouette occupies 75% of the chest height and 3.5 intercostal spaces, including the rim of pericardial fat. On the DV view a cardiac bulge is evident at 11 o'clock. On the lateral views the region of right atrium and pulmonary arteries appear physiological and vessel diameter is on the lower side of the physiological limit.

RADIOGRAPHIC DIAGNOSIS

- Possible right sided cardiac bulge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As the bulge is only present on the DV view and no history of right sided cardiac problems or radiographic evidence of pulmonic stenosis are evident, I feel the bulge may represent a combination of pericardial fat and very mild rotation of the sternum to the right. However, dirofilarial should be ruled out and, should a murmur develop, echocardiography is recommended. Due to the prolonged period of clinical signs, a CT examination of upper respiratory tract and thorax, followed by trachea-bronchoscopy and BAL should be considered. Especially as bronchitis may be present without radiographic evidence.

Obesity is known to worsen clinical signs of cough and impair lung function; weight control is thus recommended.

INTERPRETED BY

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

HOSPITAL NAME

Paseos Veterinary
 Center

REFERRING VET

Dr. M. Biello

INVOICE

55681

DATE

12-17-22



PATIENT

Perla Bernier

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

5 Years

INTERPRETED BY

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

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

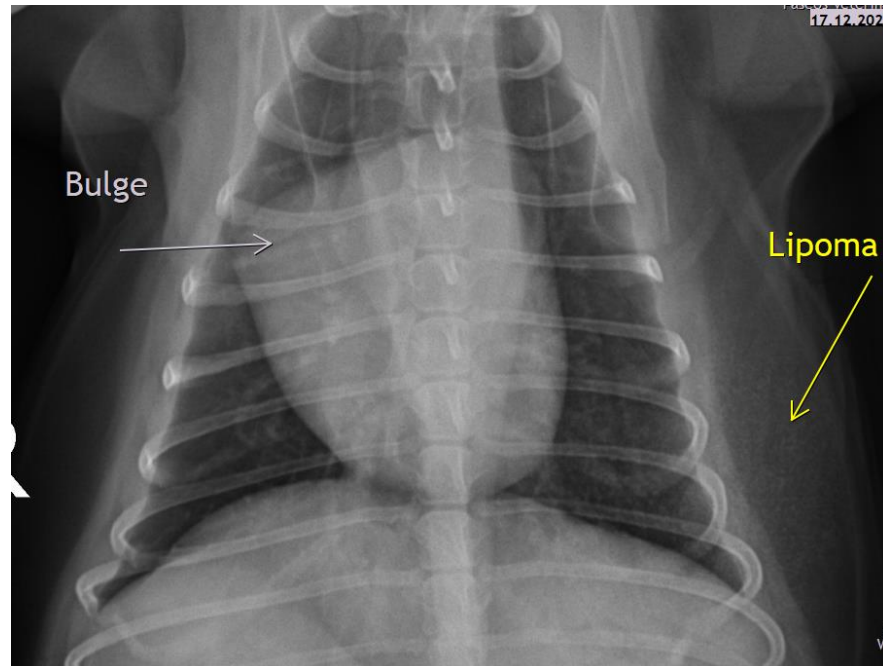
Dr. M. Biello

INVOICE

55681

DATE

12-17-22



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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com