



PATIENT	PRESENTING CLINICAL SIGNS
Vinny Guttormsen	Reason for Visit: coughing History: P presents for coughing. O states that P has been coughing for about 4 weeks now. The past 3-4 days P has been coughing consistently. O did mention that she had two large tumors removed in JUNE. P did have an episode of bloody diarrhea and coughing in late August but P recovered. In late October, patient was taken to primary DVM for coughing when excited. Prescribed enrofloxacin--mild improvement in cough for 4-5 days but then worsened again. Seen for telemedicine recheck November 22 where enrofloxacin was refilled and cough tabs were prescribed. Unfortunately, Vinny's cough has continued to worsen and has been almost constant over the past few days. Still eating and drinking well but owner concerned about quality of life. No history of heart disease noted in medical record. Previous lung lobectomy (? records not available) due to being mauled by adult dog as a puppy.
SPECIES	
Canine	
BREED	
Beagle Mix	Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: Episcleral injection OU, clear OU. clear, no debris AU. Frequent cough worse when changing position. Oral cavity: Pink mucus membranes, moderate tartar Lymph Nodes: Left popliteal lymph node prominent Skin: Moderate scale/greasy texture dorsal midline CV/Respiratory: Muffled heart sounds--difficult to auscult between coughs but no obvious murmur or arrhythmia. Frequent cough with increased dorsal bronchovesicular sounds and muffled heart sounds ventrally. Increased respiratory effort when coughing but when settles no increased RE/RR stays within 15-20bpm and no cyanosis. Abd/GI: Cranial organomegaly Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 6/9. Ambulatory x 4, normal gait, moderate cachexia over dorsum Neurological: Alert and appropriate. No deficits noted.
SEX	
NM	
AGE	
15 Years	
INTERPRETED BY	RADIOGRAPHIC STUDY OF THE THORAX
Heike Rudorf, DVM, Dr. med. Vet., DipECVDDI DVR	RLR, LLR, DV
HOSPITAL NAME	RADIOGRAPHIC FINDINGS
DPC Veterinary Hospital	The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity. Elbow OA appears to be present.
REFERRING VET	The degree of pulmonary expansion is fair at best. Multiple metal clips are present level with the right main stem bronchus. Two oval to circular soft tissue opacities are located dorsal and ventral to the clips on the lateral views and appear to be present in the R hemithorax where an alveolar infiltrate is detectable on the DV view.
Ward	The cranial thorax shows a homogeneous soft tissue opacity which appears like a sail sign on the left on the DV view. Trachea and carina are elevated by this soft tissue opacity. The tracheal air space varies.
INVOICE	RADIOGRAPHIC DIAGNOSIS
48714	<ul style="list-style-type: none"> • Cranial mediastinal mass • Masses in right caudal lobes • Metal clips, probably in mediastinum • Variation of tracheal air column
DATE	
12-2-21	



PATIENT

Vinny Guttormsen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are compatible with a mediastinal tumor e.g. thymoma or thymic lymphoma. The metal clips are probably located centrally and thus in the mediastinum. Due to the poor expansion, it is difficult to assess the lung parenchyma, but two masses appear to be present level with the clips. These could represent abscesses, granulomata or metastases. Ultrasound of the mediastinum is recommended to confirm the mass and to obtain a biopsy in case a treatment option exists. The variation of the tracheal air column could be the result of mucous depositions or impingement of the tracheal ligament.

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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.

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