



PATIENT	PRESENTING CLINICAL SIGNS
Madison Pipes/Bolen	Presents for red irritated skin around eyes. Comes and goes with seasons. Pruritic. Abnormal PE/Chem/CBC/UA Results: Erythema, alopecia and moist appearance around eyes. Grade 3 left systolic murmur heard in "A" area (PAM) - aorta region though may be basilar with verticalness of heart.
SPECIES	RADIOGRAPHIC STUDY OF THE THORAX
Canine	2 orthogonal views
BREED	RADIOGRAPHIC FINDINGS
Whippet	The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity. Spondylitis is present on the ventral aspects of T5/6.
SEX	The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible but the outline of the tertiary branches in the caudo-dorsal lobes is slightly blurred. The bronchial tree is thin walled and tapers uniformly towards the periphery. The degree of pulmonary expansion is very good.
FS	The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.
AGE	INTERPRETED BY
8 Years, 7 Months	The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. On the lateral view a slight cranial bulge is located level with pulmonary artery, right atrium and ascending aorta. On the DV it appears to be located level with the main pulmonary artery (PA). The pulmonary vasculature appears physiological.
INTERPRETED BY	RADIOGRAPHIC DIAGNOSIS
Heike Rudolf, DVM, Dr. med. Vet., DipECVDDI DVR	<ul style="list-style-type: none"> • Prominent pulmonary artery segment. • Interstitial pattern
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Grove Veterinary Clinic	In deep chested dogs, even a mild tilting of the body can result in highlighting of specific cardiac structures. In association with a murmur however, I strongly recommend echocardiography to rule out early pulmonary hypertension. This would require further assessment of the lungs.
REFERRING VET	INVOICE
Dr. Luna	An interstitial lung pattern is a non-specific finding and can be the result of artefacts. The main differential diagnoses for a true infiltrate are:
INVOICE	<ul style="list-style-type: none"> • Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic) • Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
48748	DATE
DATE	The imaging findings should be correlated with the clinical and echocardiographic findings before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out.
12-3-21	



PATIENT

Madison Pipes/Bolen

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Canine

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Whippet

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8 Years, 7 Months

INTERPRETED BY

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

HOSPITAL NAME

Grove Veterinary
Clinic

REFERRING VET

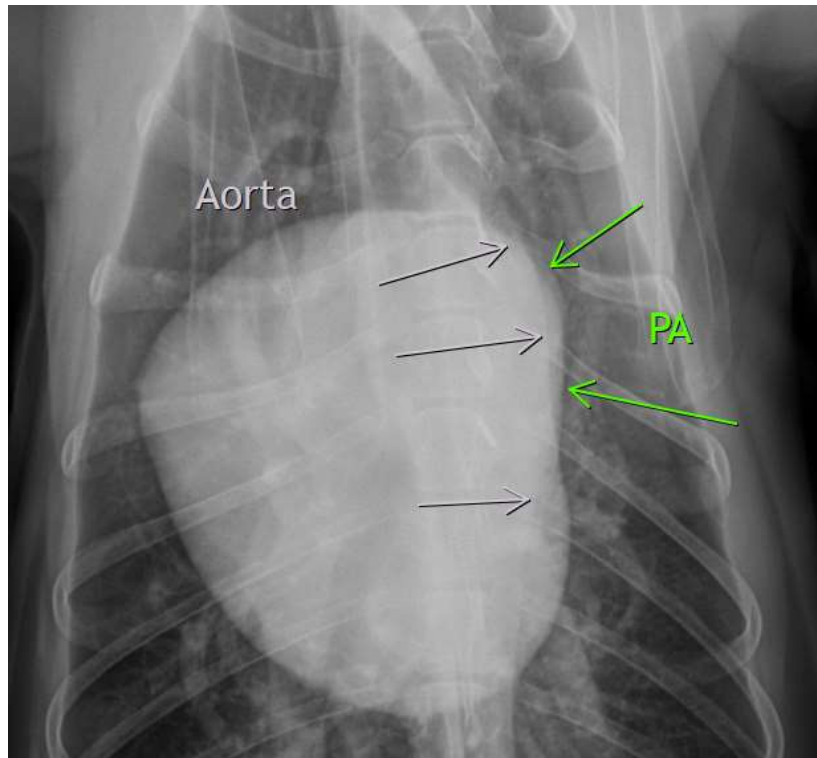
Dr. Luna

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Madison Pipes/Bolen

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.

SPECIES

Canine

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

BREED

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