



PATIENT PRESENTING CLINICAL SIGNS

Pepper Barber a soft tissue lump around the anal opening 3 years ago , now is getting worst ,
 Abnormal PE/Chem/CBC/UA Results: left eye corneal ulcer , brown discharge , sever dental disease , vomiting Bloodwork showed , dehydration , stress leukogram , elevated kidney enzymes including the Ca, elevated ALT, T. Bili. , elevate pancreas enz. , hypochloremia , Chest xray sent for evaluation for any metastatic tumor , Biopsy : pending , SDMA came back high .

SPECIES

Canine

RADIOGRAPH OF THE THORAX

BREED

RLR, LLR, VD dogogram

Pomeranian

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

SEX

The bony structures are within normal limits.

Male Neuter

The lungs are in contact with the thoracic boundaries and the tips are pointed. The degree of pulmonary expansion is fair at best. On VD and right lateral recumbent view the lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and shows calcified walls in the hilar region.

AGE

16 Years

On the VD view the cranial mediastinum is of physiological width and opacity. Only in the left lateral, expiratory view, is the tracheal lumen reduced from dorsally between C2 and T1; though the tracheal width varies in right lateral recumbency as well.

INTERPRETED BY

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

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS 11). No chamber or outflow tract enlargement is evident.

HOSPITAL NAME

St. Catherine's Animal Hospital

RADIOGRAPHIC DIAGNOSIS

- I can see no pulmonary metastases or thoracic lymphadenomegaly
- Reduced cervical tracheal air shadow in one view

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that would suggest metastases to the thorax. A variation of the tracheal diameter is normal and even tracheal collapse may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g. pneumonia, bronchitis, L cardiac enlargement) reduces the ease of airflow. Thus, further diagnostic measures (trachea-bronchoscopy with BAL) are only indicated if and when respiratory signs are present.

REFERRING VET

Dr. Masoud

INVOICE

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DATE

2-17-22



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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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