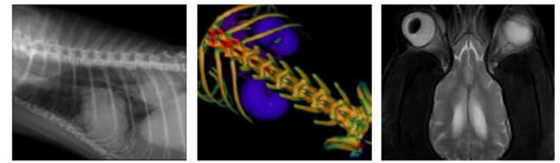


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Mina Safari Suarez

SPECIES

Canine

BREED

Toy Poodle

SEX

Female

AGE

12 Years 2 Months

INTERPRETED BY

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

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

14089

DATE

2/25/22

PRESENTING CLINICAL SIGNS

History: Reason for Visit: COUGHING History: P IS PRESENT FOR COUGHING FOR 1 WEEK, O NOTICED P COUGHS MORE WHEN EXCITED, 2 NIGHTS PRIOR P WAS COUGHING IN THE MIDDLE OF THE NIGHT FOR 2 HOURS, O GAVE HERBS TO P TO RELIEVE P FROM COUGH

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AD. AS: moderate black cerumen, erythema, mild swelling. No nasal discharge. Nonproductive cough on tracheal palpation. Oral cavity: Severe dental tartar, calculi, missing some teeth, halitosis Musculoskeletal: BCS = 7/9. Ambulatory x 4. Grade 2/4 L MPL, Grade 3/4 R MPL Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: ~2cm, soft, movable SQ mass on sternum. Fleas (1) seen Mentation: BAR Hydration: N Fecal: Not performed today

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7/9 with a large amount of dorsal subcutaneous fat and a small lipoma ventral to the sternum.

T12/13 show mild spondylosis.

The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible on the VD view. The bronchial tree tapers uniformly towards the periphery.

The cranial mediastinum is of physiological size and opacity. The trachea diverges slightly from the thoracic vertebrae and the carina is located at T5. The tracheal air space is homogeneous throughout. The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

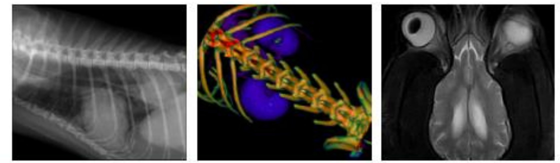
- I can see no convincing evidence of lung infiltrate

Incidental Findings

- Sternal lipoma
- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no reason for the clinical signs.



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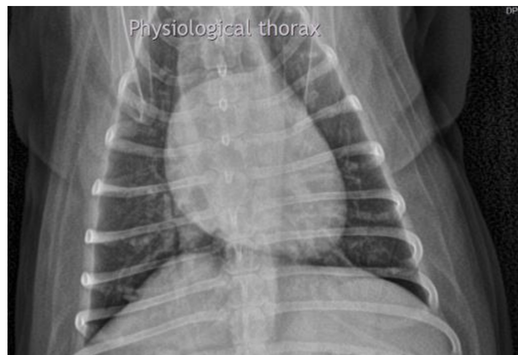
Tracheal and or bronchial collapse may be present and may have gone unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g., pneumonia, bronchitis, L cardiac enlargement) reduced the ease of airflow. Echocardiography to rule out left atrial enlargement can be carried out should a murmur present itself in the future. Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is necessary to rule out infection and inflammation; trachea and main bronchi can be assessed at the same time. Visual inspection of the pharynx may reveal enlarged tonsils.

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



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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com