



**PATIENT**

Sirius Clanderneut

**PRESENTING CLINICAL SIGNS**

History: continuously panting, want to check of any Cardiopulmonary problems .

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Name Result Measure Low High Range Out Of Bounds ALP 962 U/L 20 150 20-150 True 100 False Name Result Measure Low High Range Out Of Bounds ALT 291 U/L 10 118 10-118 True 100 False Name Result Measure Low High Range Out Of Bounds Quick CA 3.07 mmol/L 2.1 3.0 2.1-3.0 True 100 False

**RADIOGRAPHIC STUDY OF THE THORAX**

**BREED**

German Shepherd  
Mix

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

**SEX**

Neutered Male

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches on the left lateral recumbent and DV views; the diameter of the cranial lobar vessels appears slightly decreased. The bronchial tree is thin walled and tapers uniformly towards the periphery.

**AGE**

14 Years

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

**RADIOGRAPHIC DIAGNOSIS**

**INTERPRETED BY**

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

- Possible hypovolemia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The impression is that of a smallish heart and a vascular size on the lower limit of the normal range. However, for a deep chested animal this is within the physiological range. Panting can be caused by laryngeal paralysis and an abdominal mass should be ruled out.

**HOSPITAL NAME**

Wilson Road VC

**TECHNICAL COMMENTS**

**REFERRING VET**

Dr. Ehab Yessa

Only jpg images were submitted. The transformation from DICOM to jpg reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports, I suggest submitting DICOM images in the future.

**INVOICE**

13742

**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

**DATE**

2/3/22



**PATIENT**

can be of any further assistance please contact me.

Sirius Clanderneut

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
dr.h.rudorf@gmail.com

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