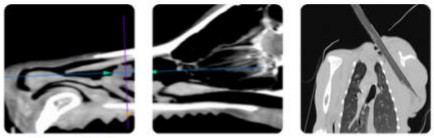

PATIENT

Bella Marconi

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

12 Years

WEIGHT

18.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Allison

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

36227

DATE

3/15/26

PRESENTING CLINICAL SIGNS

History: Bella, 12y/o SF shih tzu, has a new growth on the right side of her face that O noted. P has a hx of MCT so O wants to get that checked out. O would also like to do thoracic rads (met check) and radiographs of her lumbar spine due to history of back issues.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: grade II-III/VI heart murmur Skin: Good hair coat. ~2cm, soft, non-attached SQ mass around R armpit. 5mm, sl raised, hairless, pink dermal mass on R side of face. Assessment: Hx of Grade II, high grade MCT Hx of heart murmur PD 2/4 Mass on R armpit: r/o lipoma vs. other

RADIOGRAPHIC STUDY OF THORAX AND L-SPINE

L-Spine

The surrounding soft tissue structures appear physiological.

Number and shape of the vertebrae are physiological; their surfaces are smooth. No evidence of osseous destruction or lysis is present along the spine.

The disc spaces appear to be relatively even albeit superimposed by the caudal endplates in lateral recumbency. On the straight VD view disc space size diminishes gradually between L4 and L7.

Thorax

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

Small osteophytes are present on the caudal humeral heads.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. Between C4 and C7 the tracheal air space is reduced by approx. 40% due to a dorsal soft tissue opacity, most prominent in left lateral recumbency

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces (VHS= 9). Chamber or outflow tract enlargement is not obvious.

The stomach is distended with food and air.

RADIOGRAPHIC DIAGNOSIS

- Poss. tracheal collapse

Incidental finding

- Shoulder arthrosis, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no pulmonary metastases or lymphadenomegaly. The tracheal narrowing may be due to tilting of the thorax, especially as it is hardly visible in right lateral recumbency. Should clinical signs related to the upper conducting airways arise, trachea-bronchoscopy is recommended. The gradual narrowing of the disc spaces is likely due to divergence of the beam at the edges of the FOV. Accurate positioning of the spine is difficult, even under G.A., and cord compression can only be identified with myelography or in cross-sectional imaging. In case neurological deficits and/or pain unresponsive to medical management become apparent, CT or MRI is recommended.

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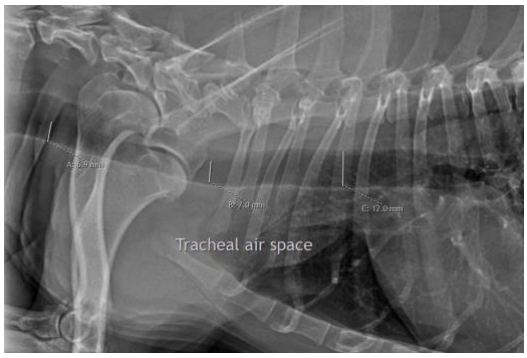

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com