



PATIENT PRESENTING CLINICAL SIGNS

Mr. Darcy Wan DeLinde
 History: Darcy presented for prolonged inappetence and 1 episode of diarrhea. Previous labs were wnl. Abdominal rads @ RDVM appeared to have a soft tissue dense area within the stomach and some loss of detail in the cranial abdomen but were otherwise wnl. Chest rads were ordered to further investigate symptoms. He is up to date on vaccines and heartworm/flea preventative.

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

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

BREED Only 12 pairs of ribs are present.

Terrier Mix
 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 to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

SEX

Neutered Male
 The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. On the right lateral recumbent view a radiopaque line is protruding slightly into the lumen level with L6/7.

AGE

11 Years
 The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. A bulge is present in the region of the pulmonary artery segment on one DV view only.
 The stomach is empty, part of the colonic wall shows corrugation.

INTERPRETED BY RADIOGRAPHIC DIAGNOSIS

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

- Bulge at 2 o'clock
- Corrugated colonic wall
- 12 thoracic vertebrae (incidental finding)

HOSPITAL NAME INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Golden Isles AH
 The bulge on the right cardia border is of fat opacity and unlikely to represent pulmonary artery enlargement, especially in the absence of pulmonary hypertension. Lung fibrosis, however, cannot be ruled out on expiratory views but auscultation and observation of the breathing should be diagnostic if the disease is present. Corrugation of an intestinal wall can be due to peritonitis or intestinal wall inflammation. Abdominal ultrasound is recommended to rule out peritonitis (e.g., due to pancreatitis) and intestinal wall infiltrate.

INVOICE

14507

DATE

3/25/22



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SPECIES

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INTERPRETED BY

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HOSPITAL NAME

Golden Isles AH

REFERRING VET

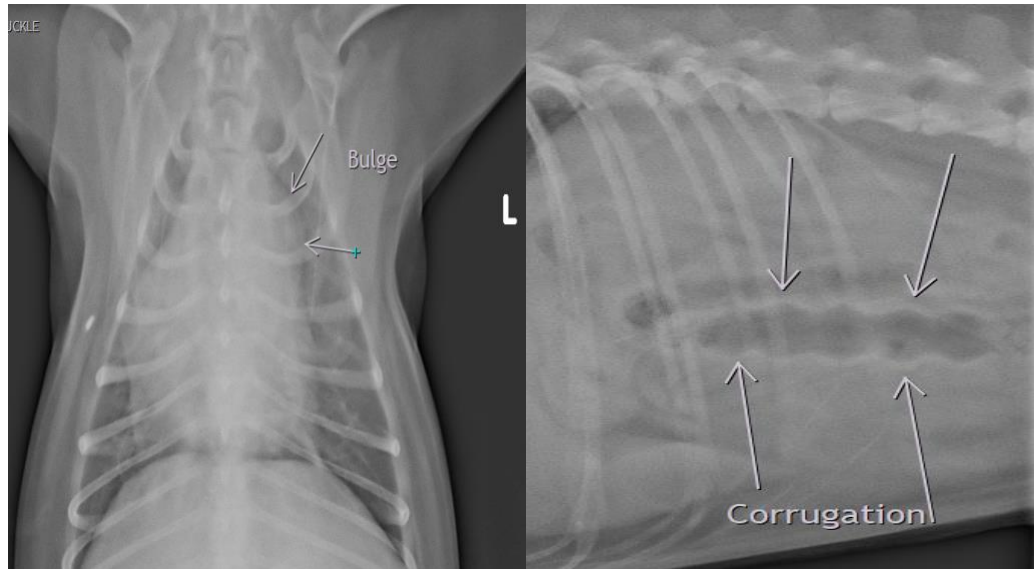
James Hornbuckle

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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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