

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Stevie Nicks Semanchik
SPECIES Canine
BREED Chihuahua Mix
SEX Spayed Female
AGE 8

PRESENTING CLINICAL SIGNS
 History: Intermittent bouts of respiratory distress / wheezing and PU/PD since 12/30/22. Starts with an acute reverse sneeze attack, then pet remains tachypneic for 24-48hrs. Typically triggered by the outdoors. Only coughs after reverse sneeze attack; non-productive. Occ., chronic upper resp stertor. History of heart murmur, but recent echo (1/18/23) was stable - left atrium was at the upper end of normal in size. Current meds = Pimobendan 1.25mg PO q 12, Theophylline 50mg PO q 12, Cytopoint inj q 1 month

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

Ventral spondylosis is present in the lumbar spine. The LS disc space is reduced.

Thorax

The degree of pulmonary expansion is fair. The lungs are in contact with the thoracic boundaries and the tips are pointed. The left caudal lobar vessels are blurred on the DV view resulting in a generalized haziness of the lung field with highlighting of bronchi.

The cranial mediastinum displaces the cranial lung lobes to rib 3 on the lateral and rib 2 on the DV view. The central portion of the thoracic trachea is dorsally displaced. The carina is level with the cranial thoracic trachea. The air shadow of the trachea in the thoracic inlet appears to have an increased opacity dorsally.

The cardiac silhouette occupies 85% of the chest height and 5 intercostal spaces. The caudal heart border is straight and the caudal vena cava is elevated. On the DV the cardiac silhouette appears slightly round.

Abdomen

The abdominal detail is good; diaphragm and abdominal wall are intact.

The liver is obscured by the large stomach, the body of which is located caudal to T13 on the VD view.

The head of the spleen appears physiological.

The stomach contains a large amount of air and some fluid; distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of formed fecal matter.

Both renal shadows have a physiological size and opacity. The bladder is located in the abdominal cavity and is of homogeneous fluid opacity.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

DATE

3/31/23

INTERPRETED BY

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

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Lauren Semanchik

INVOICE

21898



PATIENT

Stevie Nicks
Semanchik

- Interstitial pattern left lung field
- L sided cardiomegaly
- Possible mild hepatomegaly

Incidental findings

SPECIES

Canine

- LS disc disease
- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Chihuahua Mix

SEX

Spayed Female

The cardiac changes are compatible with mitral valve disease. The unilateral interstitial pattern may be due to reduced ventilation or could represent infiltrate such as edema or inflammation. Tracheal collapse could be present as well. Tracheal in combination with bronchial collapse is usually due to an altered cartilage development which 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. In addition to the already performed echocardiography, trachea-bronchoscopy to view the upper respiratory tract and main bronchi as well as to obtain a BAL is recommended. Other reasons for reverse sneezing include pharyngeal collapse, allergies, nasal foreign body, tonsillar enlargement as well as nasal inflammation or infection. Abdominal ultrasound should be considered in case liver enzymes, esp. ALT, are elevated. Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.

AGE

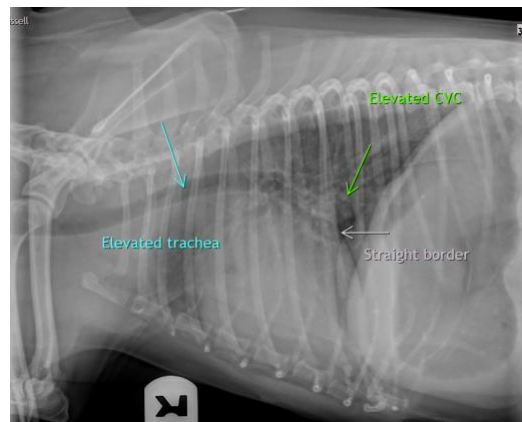
8

TECHNICAL COMMENTS

The R marker is located over the cranial abdomen and caudal thorax. Both thoracic views are tilted/rotated.

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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.

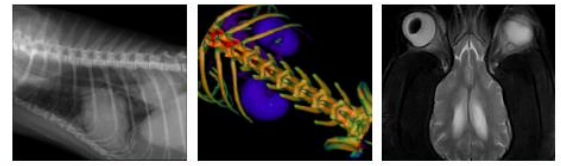
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

DATE

3/31/23



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