



PATIENT PRESENTING CLINICAL SIGNS

Kano Desamour
 O states starting 4 days ago p not acting himself, seems very down/lethargic. yesterday after walk o had to carry p inside because he could not walk up stairs. once inside p collapsed, started heavy panting and arms seemed to stiffen for just a couple seconds. secondary concern is possible ear infection.

SPECIES

Canine

BREED

Akita

SEX

Male

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 CV/Respiratory: Tachycardia, suspected VPC's , no obvious murmur, pulses strong and synchronous, normal bronchovesicular sounds. Panting EENT: Clear OU. AU: moderate dried black cerumen, mild erythema, no swelling present. TM WNL. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar, light pk MM Musculoskeletal: BCS = 5/9. Ambulatory x 4. SI decreased ROM of coxofemoral joint bilaterally Uro/Perineum: Intact male, 2 descended testicles Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Thinning hair coat at dorsal aspect of mid-tail. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not performed today

RADIOGRAPH OF THE ABDOMEN

1x R lateral cranial abdomen, 1x lateral caudal abdomen, 1x DV cranial abdomen

AGE

8 Years, 3 Months

RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

INTERPRETED BY

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

The facet joint T10/11 appears thickened with an irregular outline, the joint space is no longer evident. A smaller amount of new bone formation is present on the facet joints of L2-4.

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

HOSPITAL NAME

DPC Veterinary
 Hospital

The liver is located within the costal arch and the caudo-ventral lobe is pointed.

The spleen appears physiological.

The fundus is moderately filled with air. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of fecal matter. The large intestine in the pelvic canal is mildly displaced dorsally by the prostate.

REFERRING VET

Dr. Rivera

Both renal shadows have a physiological size, shape and opacity; the surfaces are smooth. The bladder is cranially displaced by the enlarged prostate; it contains a moderate amount of homogeneous fluid opacity.

INVOICE

51293

The prostatic shadow is located well within the abdominal cavity.

The sublumbar region appears physiological.

DATE

4-1-22

RADIOGRAPHIC DIAGNOSIS

- Facet joint arthropathy



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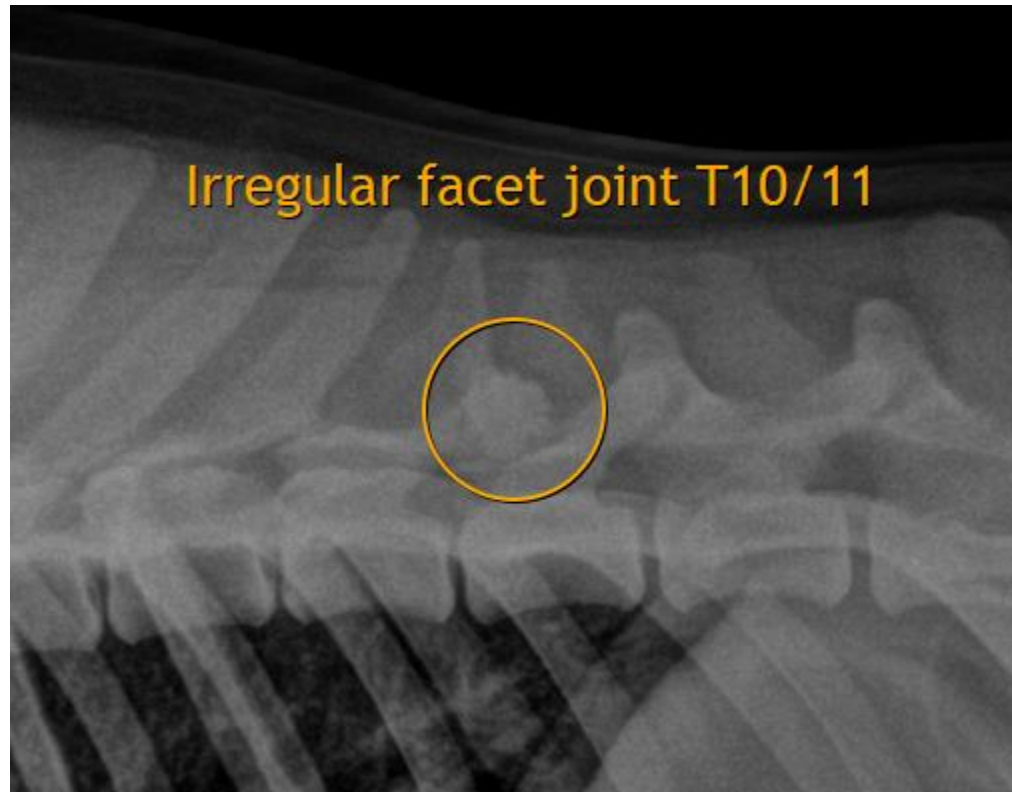
51293

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that would explain the clinical signs of collapse. Depending on the result of the neurological examination, MRI of the brain (to rule out e.g. infarct, mass lesion) or cross-sectional imaging of the spine may have to be carried out. Echocardiography to rule out pericardial effusion due to e.g. hemangiosarcoma is also 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.

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