



PATIENT PRESENTING CLINICAL SIGNS

Gunner Barroqueiro History: Coughing for 1 week. Acutely worse

RADIOGRAPHIC STUDY OF THE THORAX

SPECIES

Canine A large amount of s.c. fat is present on the right and ventral thoracic walls. Muscle layers are not clearly outlined. An amorphous soft tissue rectangle is located dorsal and to the left of vertebra 1 and is surrounded by fat.

BREED

A caudal spur is present on one shoulder joint.
Lab The bony structures appear physiological.

SEX

Neutered Male The right lung level is retracted slightly from rib 5. A fissure is present between right cranial and middle, lobes. The cranial and ventral lobes are rounded. An amorphous increase in opacity with loss of vascular outline and bronchial enhancement is located in the dorsal lobes and is still just visible in the right caudal lobe. The degree of pulmonary expansion is fair.

AGE

14 Years The cranial mediastinum is of physiological width and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.
The cardiac silhouette occupies 85% of the chest height and approx. 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

INTERPRETED BY

Heike Rudolf, DVM,
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RADIOGRAPHIC DIAGNOSIS

- Mixed opacity R dorso-caudal lung lobe
- Fissure lines
- Rounded lobar edges
-

HOSPITAL NAME

Hamburg VC

Incidental findings

- L sided soft tissue anomaly T1
- Mottled fatty masses right and ventral thoracic wall
- Shoulder OA, mild

REFERRING VET

Dr. DenHeyer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

14784

Rounding of the lobar edges are most likely due to fat but the opacity suggests fluid. The pulmonary infiltrate varies between interstitial and alveolar but is located in the right caudal lobe on both views. Differential diagnoses include inhaled foreign body with abscess formation, bleeding and tumor. The fat layers will make ultrasound sampling of the lung parenchyma difficult but early DCM and pericardial effusion with pleural effusion can be ruled out. Bronchoscopy with broncho-alveolar lavage is recommended for sampling of pulmonary contents. The peripheral fat is poorly

DATE

4/15/22



PATIENT

differentiated from soft tissue which may be exposure related but could be due to necrosis, bleeding or liposarcoma. The separate soft tissue opacity on the left thorax could represent skin ulceration.

Gunner Barroqueiro

SPECIES

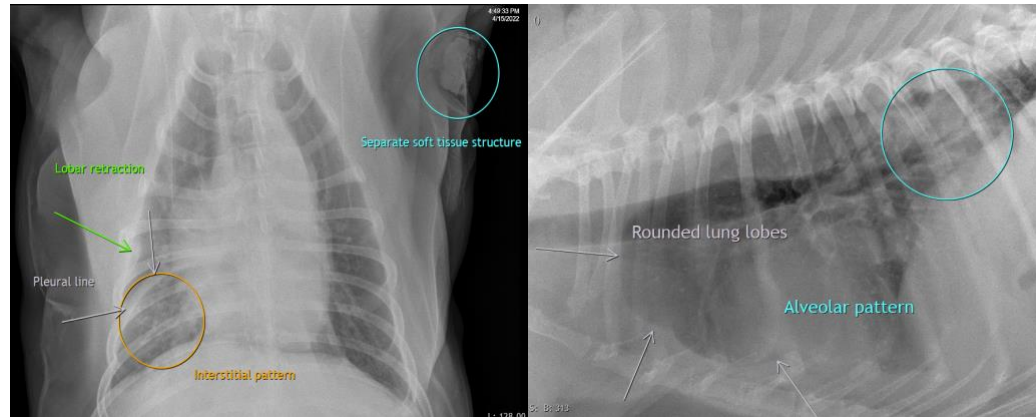
Canine

BREED

Lab

SEX

Neutered Male



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.

AGE

14 Years

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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