



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Sparky Hoey  
**SPECIES** Canine  
**BREED** Labrador Retriever  
**SEX** Male  
**AGE** 12 Years 4 Months

History: P has been vomiting or regurgitating (Owner did not observe) water but keeping down food for last few days. Otherwise acting normal and eating/urinating/defecating normally at home. Doesn't matter if only a couple licks or more of water will still come back up. P also has chronic otitis externa and severe dental disease, suspect CUPS.

Abnormal PE/Chem/CBC/UA Results: mild elevation of ALT and Amylase, CBC - WNL

**RADIOGRAPHIC STUDY OF THE THORAX**

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

Mild spondylosis is located at T4/5.

The degree of pulmonary expansion on the lateral view is fair. A nodular soft tissue opacity of approx. 1.5cm diameter is superimposed onto the distal aspect of ribs 5 on all right lateral recumbent views. It is not visible on the DV.

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. A small amount of air outlines the thoracic esophageal lumen.

The cardiac silhouette is elevated from the sternum by a fat opacity. It occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

**INTERPRETED BY**

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

**RADIOGRAPHIC DIAGNOSIS**

- Suspect pulmonary nodule
- Obesity

**HOSPITAL NAME**

Grove VC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The nodular opacity is not apparent in the peripheral soft tissues and a pulmonary nodule will thus have to be considered. For clarification further radiographs (r and L lateral, VD and DV) in full inspiration or a CT examination are recommended. However, this does not in itself explain the clinical signs. Upper airway disease such as laryngeal paralysis, laryngeal tumor and tonsillar carcinoma will have to be ruled out under visual inspection. To assess esophageal motility Barium fluoroscopy is advised. Endoscopy can show esophagitis cranial to the cardia in case reflux is present.

**REFERRING VET**

Dr. Tess Guy

**INVOICE**

14787

**DATE**

4/15/22



**PATIENT**

Sparky Hoey

**SPECIES**

Canine

**BREED**

Labrador Retriever



**SEX**

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**

12 Years 4 Months

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  
dr.h.rudorf@gmail.com

**INTERPRETED BY**

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

**HOSPITAL NAME**

Grove VC

**REFERRING VET**

Dr. Tess Guy

**INVOICE**

14787

**DATE**

4/15/22