

PATIENT

Daisy Munoz

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

15 Years

WEIGHT

14.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jennifer

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Courtney

INVOICE

36629

DATE

4/17/26

PRESENTING CLINICAL SIGNS

History: P has been coughing for the past week. O states that on Wednesday they heard P yelp and found P right side recumbency/urinating on herself, heavy breathing.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Heart auscultates with a grade 3-4/6, L-sided, systolic murmur noted. SSFP. Lungs auscult with no crackles or wheezes. Assessment: First seizure vs syncope episode vs episode was caused by IVDD or other pain that has since resolved. Coughing: related to new heart murmur vs open.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9. A nodular soft tissue opacity of approx. 1cm diameter is visible caudal to the right olecranon on the VD view.

T10/11: disc mineralization in situ.

The cranial mediastinum is of physiologic size and opacity. The trachea converges with the thoracic vertebrae, the carina is elevated and located level with T6.

The lung lobes are well aerated and extend to the thoracic boundaries. The diameter caudal pulmonary vessels is less than that of rib 9 at the intersection; the cranial lobar vessel diameter is less than 50% of the width of rib 4 at their intersection. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 90% of the chest height and approx. 5 intercostal spaces; the edges are round. On the VD view it almost touches the ribcage on both sides. It is widest between ribs 5-8 and narrows slightly at the diaphragm from which it is separated by a lucent line. The shape is vaguely oval.

RADIOGRAPHIC DIAGNOSIS

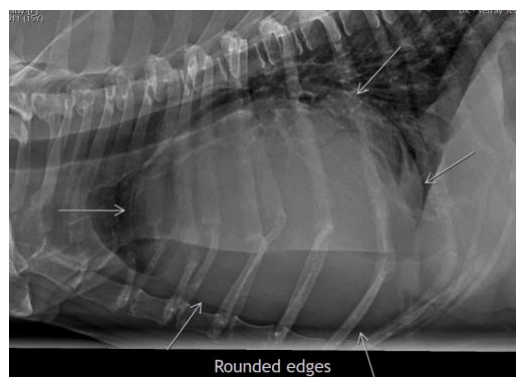
- Generalized cardiomegaly
- Hypoperfusion

Incidental finding

- Disc mineralization in situ

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are highly suggestive of pericardial effusion (PE). The rounded shape makes a DCM less likely. Valvular insufficiency can, however, be present simultaneously. Echocardiography is necessary to identify a heart base tumor and rule out cardiac tamponade; the latter can result in collapse. Drainage is recommended if a PE is present.





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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.

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