



PATIENT PRESENTING CLINICAL SIGNS

Reeces Dwyer History: No significant change over the last several days

RADIOGRAPHIC STUDY OF THE THORAX

SPECIES

Canine

BREED

Beagle

Compared with the previous images the degree of the pulmonary infiltrate is similar to that depicted on the radiographs dated 18.4. However, on one of the VD views (22.4.), all lobar bronchi are poorly delineated. On the same VD, the distance between heart and left rib cage is larger than on the previous images and a miliary, interstitial pattern appears in the left caudal lobe between ribs 7 and 9; where the miliary nodules show a confluence, tertiary bronchi are highlighted. Between ribs 6 and 7 three “nodules” are evident but they are not completely round. In the hilar region the pulmonary artery (PA) for the right middle lobe is larger than the bronchus and it appears caudally displaced by the vessel. In left lateral recumbency the hilar vessels are superimposed onto the trachea and also appear prominent.

The tracheal diameter is subjectively wide.

SEX

Spayed Female

The left crus of the diaphragm is located cranially in both the unlabeled lateral and the one labelled R.

RADIOGRAPHIC DIAGNOSIS

AGE

15 Years

- Persistent cranial location of the left diaphragmatic crus
- Prominent pulmonary arteries hilar region
- Reticular and miliary interstitial pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Heike Rudolf, DVM,
Dr. med. Vet.,
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The images are highly suggestive of pulmonary hypertension. Cardiac ultrasound is necessary to identify tricuspid and/or pulmonary regurgitation.

The cranial location of the left crus of the diaphragm in most lateral recumbent views of all studies indicates, that a voluntary volume change on the left side is not possible. To confirm this, end-expiratory would have to be compared with end- inspiratory views.

HOSPITAL NAME

Petroglyph AH

A miliary lung pattern could be due to granulomatous infiltrate, a miliary tumor, or fibrosis. A CT examination with breath hold would allow better definition of the infiltrate and detect mild lymphadenomegaly.

REFERRING VET

Kari Atkinson

However, as treatment has resulted in no further improvement the only way forward that I can see is to obtain samples for analysis. Alternatively, corticosteroids and bronchodilators can be tried. I feel, that an underlying lung disease had been present prior to the dental treatment and that an infection was subsequently superimposed onto it, indicated by the regression of the alveolar pattern.

INVOICE

22147

DATE

4/21/23



PATIENT

Reeces Dwyer

SPECIES

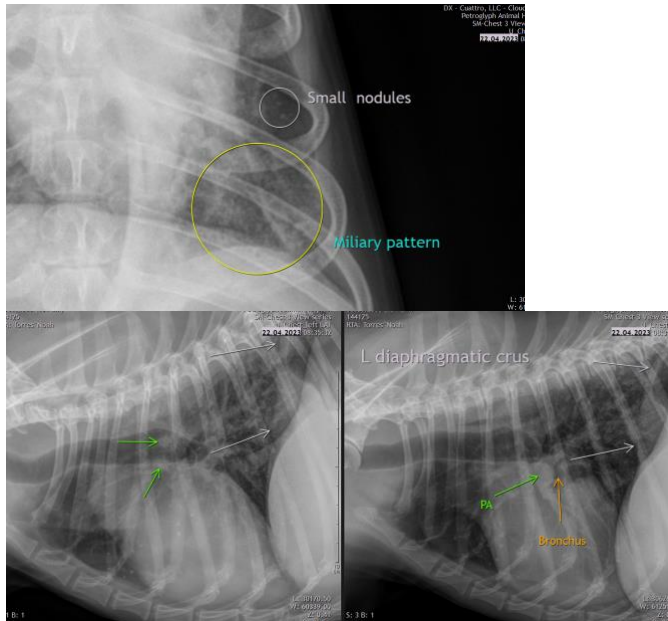
Canine

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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.

INTERPRETED BY

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