



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Willie Bratley
SPECIES Canine
BREED Cavalier King Charles Spaniel, Terrier Mix

History: Presented in January 2022 for evaluation of vomiting after licking carpet for hours that had been occurring for about 1 year. Patient has been a little more anxious and owner reports he does lick the stomach too. Has been on omeprazole and trazodone. Owner is concerned for stress versus underlying GI disease as the trazodone makes him sleep; and therefore vomiting/carpet licking isn't happening. New heart murmur ausculted in April 2022.

Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: January 2022 - CBC, Chem 17, T4 all unremarkable. Other diagnostics available (ie. Blood pressure, radiographs, etc): Thoracic and abdominal radiographs have been submitted. BP - 177/116 MAP 127, HR 120 Abnormal physical exam findings: Weight loss of 10 pounds since December 2020 (BCS of 6/9 and now is 4/9). BAR attitude, minimal dental calculus. No pain on abdominal palpation.

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

Neutered Male
 A thin line of new bone appears to be present along the left femoral neck. A small bony spur is located on the cranio-ventral endplate of T4.

AGE Thorax

7 Years
 The degree of pulmonary expansion is fair. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches and mild bronchial wall calcification is present. The bronchial tree is thin walled and tapers uniformly towards the periphery.

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR
 The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces (VHS 10.5). No chamber or outflow tract enlargement is obvious on either the lateral or the straight VD view.

HOSPITAL NAME

North Idaho AH (VCA) **Abdomen**

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

REFERRING VET

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

Dr. Dawn Mehra
 The spleen is slightly prominent (most likely due to the sedation) and the tail partially located within the costal arch.

INVOICE

14944
 The stomach contains a moderate amount of air and the axis is slightly rotated cranially; distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of fecal matter.

DATE

4/28/22



PATIENT

Willie Bratley
 The left renal shadow has a physiological size, shape and opacity; the right is superimposed by intestinal loops. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

SPECIES

The sublumbar region appears physiological.

Canine

RADIOGRAPHIC DIAGNOSIS

BREED

Cavalier King Charles
 Spaniel, Terrier Mix

- Bronchial wall calcification
- Smallish liver

Incidental finding

SEX

- Possible mild right sided hip OA
- Spondylosis, very mild

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7 Years

Bronchial wall calcification is not unusual in a middle-aged dog and does not cause clinical signs per se. Radiographic assessment of mild cardiac enlargement is difficult on radiographs and echocardiography is recommended to assess the presence and degree of mitral regurgitant flow for future reference. A slightly more cranially positioned pylorus is not unusual in deep chested dogs and if hepatic enzymes are normal, a secondary PSS is highly unlikely. Should the ultrasound examination be normal, gastroscopy with biopsy may help identify inflammatory infiltrate. Assessment of the caudal esophagus for inflammation will also be possible to rule out gastric reflux.

INTERPRETED BY

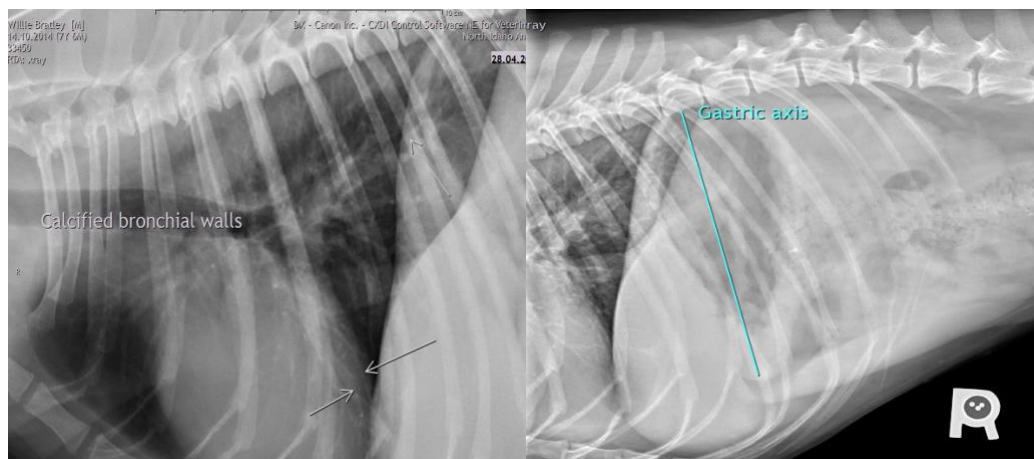
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

DATE

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PATIENT

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.

Willie Bratley

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
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Spaniel, Terrier Mix

SEX

Neutered Male

AGE

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