



PATIENT PRESENTING CLINICAL SIGNS

Chico Tanis Presented for recheck of heart murmur and syncope. Pt developed a cough, usually once daily and is described as mild, but will lose consciousness after coughing. Pt normally unresponsive for <2 minutes, then recovers and is acting normal again. Pt's SRR has consistently been <30 breaths/min with normal effort. Similar hx when pt was younger where he would faint after vomiting. No other health concerns reported.

SPECIES

K9 Abnormal PE/Chem/CBC/UA Results: Grade IV/VI systolic murmur, equal intensity left and right sides; lung sounds clear bilaterally

BREED RADIOGRAPH OF THE THORAX

Chihuahua RLR, LLR, VD

RADIOGRAPHIC FINDINGS

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

MN The bony structures appear physiological.

AGE

16 A soft tissue mass (L04.5cm, W=2.5cm, H=3cm) is located in the right cranio-dorsal lung field level with ribs 5 and 6. On the VD it is located caudal to the main right cranial lobar bronchus between ribs 4 and 6 and in close contact with the chest wall. On the left lateral recumbent view it seem to have a semicircular ventral extension. The outline of the peripheral vessels is blurred and a hazy, interstitial pattern is present in the caudal lung lobes on the VD.

INTERPRETED BY

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and the carina is in line with the trachea.

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

The cardiac silhouette occupies 85% of the chest height and 3.5 intercostal spaces (VHS 10.5). A moderate bulge is present at 3 o'clock and mild tenting of the left atrium is just visible.

HOSPITAL NAME

RADIOGRAPHIC DIAGNOSIS

Reid Veterinary
Hospital

- Mass right cranial lobe
- Left atrial enlargement
- Interstitial pattern caudal lobes

REFERRING VET

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Jeff Popowich

The cardiac changes are compatible with mitral insufficiency and the interstitial pattern could represent pulmonary edema though the pulmonary veins are not congested; exposure related changes are the differential diagnosis. The mass appears to be pulmonary in nature; as it is dorsally located, it superimposes itself on the region of the right middle lobe on the VD view. The most likely diagnosis is a lung tumor e.g. adenocarcinoma. Differential diagnoses include granuloma and abscess though shape, outline and location are very unusual for the latter. The semicircular extension may be part of the mass or could represent a lung metastasis. Due to the close apposition between mass and chest wall, thoracic ultrasound can be utilized to obtain a sample. A CT examination with breath hold is recommended to identify other pulmonary nodules and possible mediastinal and bronchial lymphadenomegaly. It will also aid surgical planning.

INVOICE

52481

DATE

6-17-22



PATIENT

Chico Tanis

SPECIES

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Chihuahua

SEX

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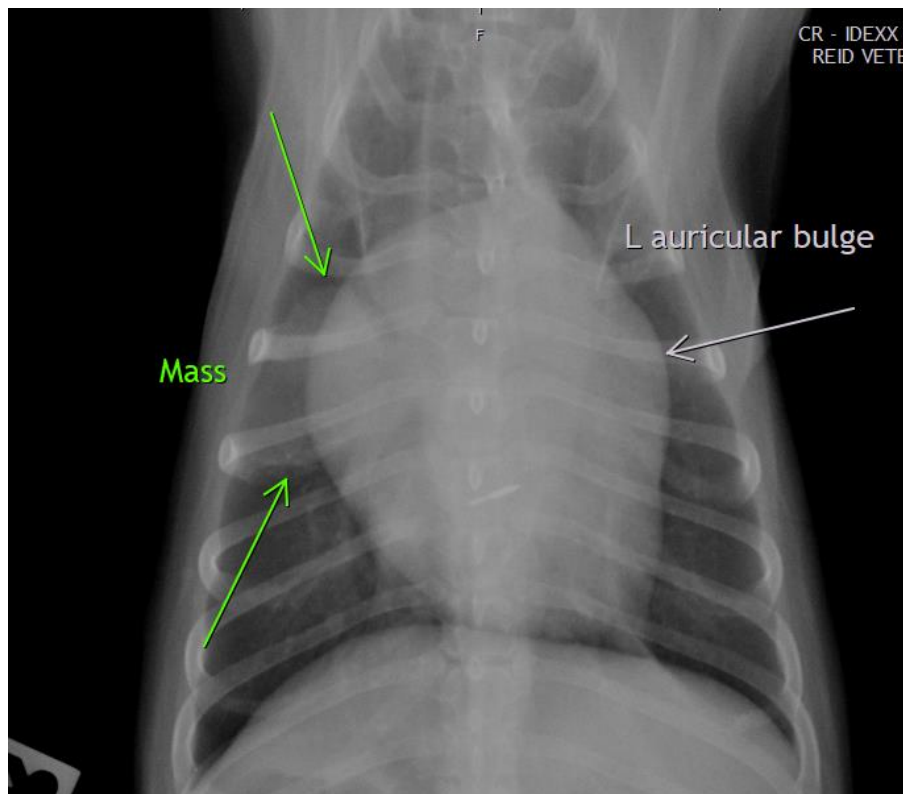
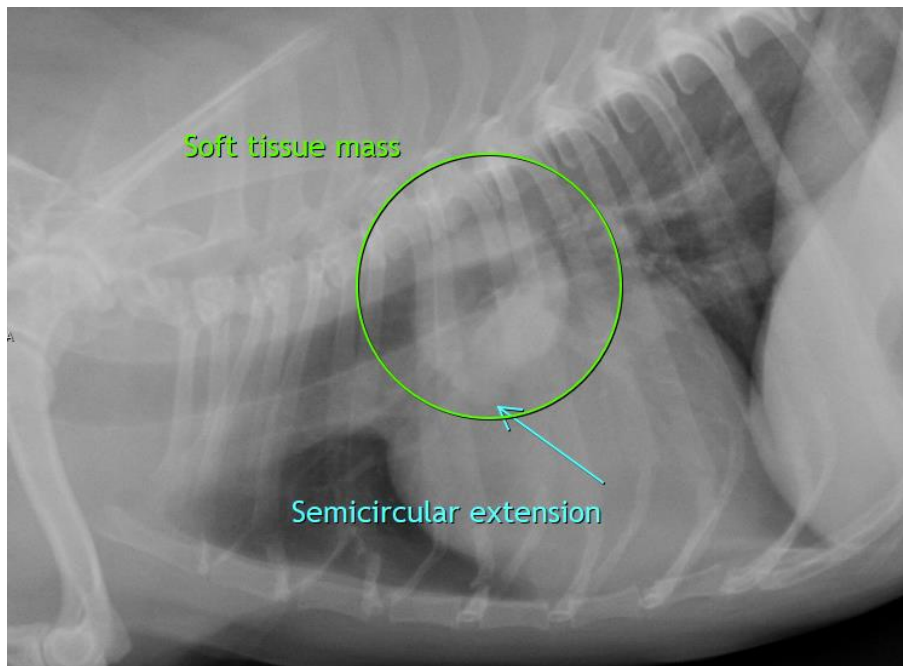
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Chihuahua

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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Dr.H.Rudorf@gmail.com

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