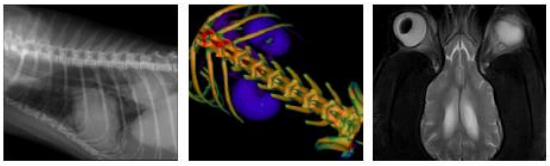


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Izzy Daniels

SPECIES

K9

BREED

Saint Bernard

SEX

FS

AGE

1.5 Years

INTERPRETED BY

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

HOSPITAL NAME

Reid Veterinary Hospital

REFERRING VET

Jeff Popowich

INVOICE

52482

DATE

6-17-22

PRESENTING CLINICAL SIGNS

Presented for vax booster, syncope evaluation. Pt has had 4 syncopal episodes, the first when pt was 6-7mos old, the most recent being 6wks ago. Usually occurs in the morning, can be before or after breakfast. Always associated with exercise, pt observed running around, will return to O, then collapses. O unsure if pt loses consciousness, unknown if any cyanosis during events. Pt fully recovers after 3-5min. Pt purchased from breeder in WA, no travel outside PNW. E/d/u/d wnl, no v/d/c/s noted. No other health concerns reported. Diet: Nutro kibble Flea/tick: Bravecto

Abnormal PE/Chem/CBC/UA Results: PE unremarkable

RADIOGRAPH OF THE THORAX

RLR, LLR, VD

RADIOGRAPHIC FINDINGS

The body condition score is 7-8/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

The cranial mediastinum is of physiological size and opacity. The terminal trachea diverges slightly from the thoracic vertebrae and dips at the carina.

The cardiac silhouette occupies 80% of the chest height and 2 intercostal spaces (VHS 11). No obvious chamber or outflow tract enlargement is evident.

The tail of the spleen is located within the costal arch

RADIOGRAPHIC DIAGNOSIS

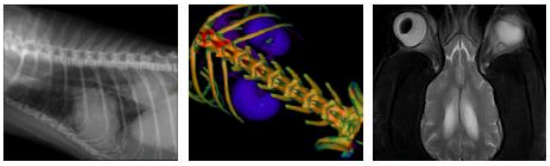
- Tail of spleen within costal arch

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no obvious aortic enlargement but considering the clinical signs I recommend echocardiography to rule out e.g. aortic stenosis. The position of the splenic tail could be due to the chest conformation, but full biochemistry and imaging is recommended to rule out a portosystemic shunt. Once these, and diseases such as hypothyroidism and diabetes mellitus, have been ruled out, primary epilepsy is a possible diagnosis. Cross sectional imaging (e.g. MRI) of the brain may have to be carried out prior to this diagnosis.

SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Izzy Daniels

SPECIES

K9

BREED

Saint Bernard

SEX

FS

AGE

1.5 Years

INTERPRETED BY

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

HOSPITAL NAME

Reid Veterinary Hospital

REFERRING VET

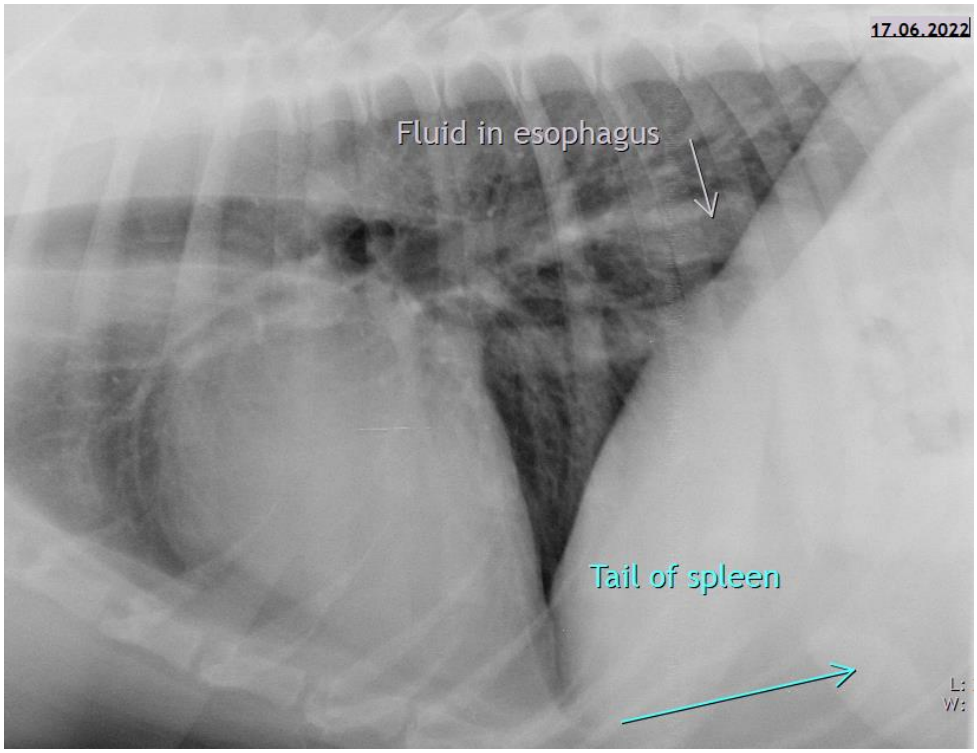
Jeff Popowich

INVOICE

52482

DATE

6-17-22



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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com