



PATIENT PRESENTING CLINICAL SIGNS

Bearka Hiddleston History: ABOUT 2 WK HISTORY OF UNPRODUCTIVE COUGH NOT ASSOCIATED WITH ACTIVITY. PROGRESSIVELY GETTING WORSE. NO OTHER PET EXPOSURE. DECREASED APPETITE. GOT INTO TRASH AND ATE CHICKEN BONES EARLY MAY.

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

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

BREED Smooth new bone formation is present on both elbows.

German Shepherd The lungs are in contact with the thoracic boundaries and the tips are pointed. On the right lateral recumbent view the most dorsal tip of the caudal lung lobes shows a loss of clear vascular outline with bronchial enhancement; this is repeated on the right side in the VD view. The other vessels are clearly visible to the tertiary branches.

SEX

Female The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and acutely dips at the carina, the main stem bronchi appear ventrally displaced and split. In left lateral recumbency the perihilar region appears more normal but the main bronchi are not clearly outlined. On the VD view the impression of laterally displaced and narrow bronchi is given. A soft tissue semicircular structure narrows the tracheal lumen from dorsally between C4 and 7. In left lateral recumbency the terminal esophagus contains fluid.

AGE 2014

INTERPRETED BY The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

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

RADIOGRAPHIC DIAGNOSIS

- Possible caudal mediastinal mass (perihilar region)
- Possible R caudal lobar interstitial infiltrate
- Focal tracheal narrowing

HOSPITAL NAME

Companion AC
Incidental finding

REFERRING VET

- Elbow arthrosis

Dr. Varinia Acosta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

16304

The changes are suggestive of a soft tissue mass in the perihilar region (e.g. enlarged lymph node); however, this may be the result of centering and rotation of the thorax as it is only convincing in the right lateral recumbent view. The interstitial pattern in tip of the right caudal lobe could be an artefact or represent a true finding. I suggest obtaining further radiographs (DV, VD, right lateral recumbent views), centered on the heart to include the cranial abdomen. Sternum and dorsal spinous processes have to be equidistant from the tabletop in the lateral views. Alternatively, a CT examination can be performed. Ultrasound will also allow assessment of the heart base and detect possible masses.

DATE

6/24/22



PATIENT Bronchoscopy will allow detection of bronchial deviation and obtaining samples; the larynx can be assessed during the same examination to rule out paralysis.

Bearka Hiddleston

I can see nor foreign body in the esophagus. The localized reduction of the tracheal air shadow is most likely due to a superimposed esophagus, but it may also represent the dorsal tracheal membrane.

SPECIES

Canine

TECHNICAL COMMENTS

BREED

Tips of both caudal lung lobes are missing on the VD and both lateral views. Leaded gloves in primary beam.

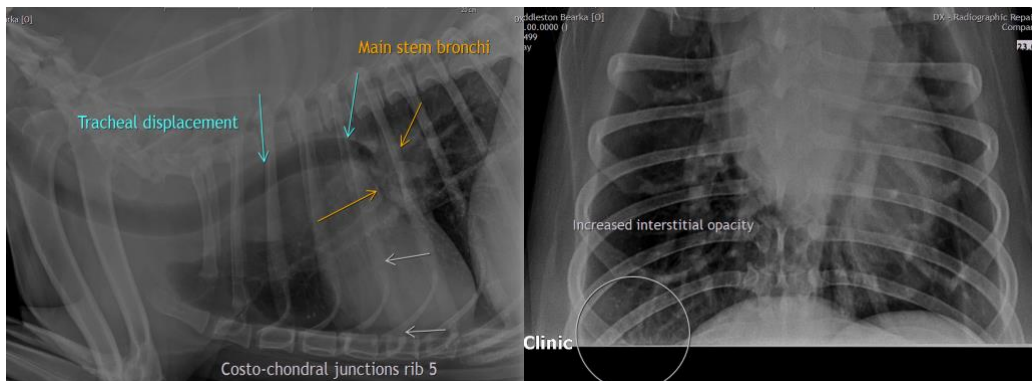
German Shepherd

SEX

Female

AGE

2014



INTERPRETED BY

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

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.

HOSPITAL NAME

Companion AC

Heike Rudolf, DVM, Dr. med. vet., DipECVDDI, DVR
dr.h.rudorf@gmail.com

REFERRING VET

Dr. Varinia Acosta

INVOICE

16304

DATE

6/24/22