



PATIENT PRESENTING CLINICAL SIGNS

Miranda Camp
Papillon
History: When P gets hyperexcited, P will collapse. 1-2min on side and urinates. Breathing changes, slower and difficulty breathing. First occurred 4 weeks ago, happened again 1 week ago.
Abnormal PE/Chem/CBC/UA Results: VHS: 12.1

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

Canine
A roundish opacity (approx. 1cm) is located in the right intercostal space between rib 11 and 12. It has a similar opacity to bone. On the lateral view it appears to be superimposed onto the caudal heart border, level with ribs 7.

BREED

Lab Mix
The ribs on the DV view are straight and evenly spaced. Ventral spondylosis is present at T4/5.

SEX

The lungs are in contact with the thoracic boundaries and the tips are pointed. The vascular outline is slightly decreased in the periphery and peripheral bronchi are highlighted.

Spayed Female

The cranial mediastinum is of physiological size and opacity. The trachea diverges slightly from the thoracic vertebrae and the carina is located at T5.

AGE

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

9 Years 10 Months

RADIOGRAPHIC DIAGNOSIS

- INTERPRETED BY**
- Interstitial pattern
 - Possible lung nodule

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

- Spondylosis
- Sample text

HOSPITAL NAME

Pocono Peak VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The round structure is most likely associated with the costo-chondral junction rather than representing a pulmonary nodule but further evaluation is required due to the visibility of a nodular structure on both views.

REFERRING VET

Dr. Nicole Norris-Carney
The generalized interstitial lung pattern is a non-specific finding. Possible differential diagnoses for a true infiltrate include:

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- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
- Edema
- Hemorrhage

DATE

6/3/22



PATIENT

Miranda Camp
Papillon

- Polycythemia
- Fibrosis
- Tumor (e.g. lymphoma)

SPECIES

Canine

Visual inspection of the larynx can be followed by tracheobronchoscopy and bronchoalveolar lavage. However, the clinical signs could be due to a brain disorder, thus cross-sectional imaging is recommended. Laryngeal movement can be assessed during intubation. In case CT is used, the lungs can be assessed as well. Otherwise, a deeply inspiratory R lateral view should be obtained to see if the nodular opacity is still present and what it is associated with. Differential diagnoses include granuloma, metastasis, airway polyp.

BREED

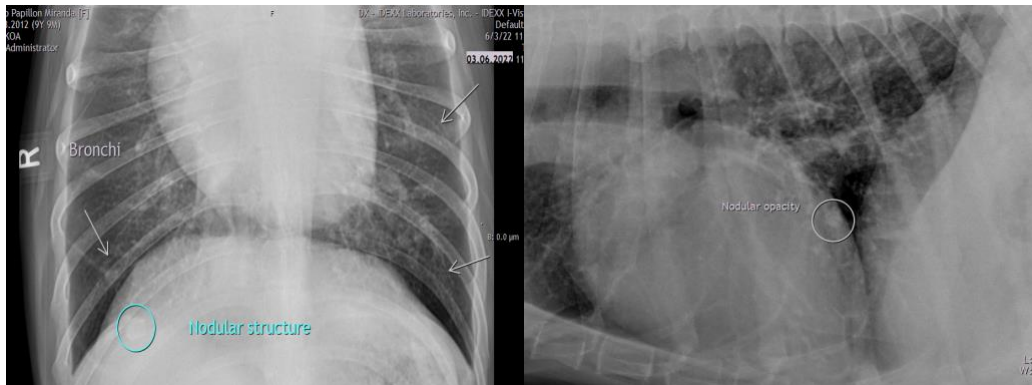
Lab Mix

SEX

Spayed Female

AGE

9 Years 10 Months



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.

INTERPRETED BY

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

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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REFERRING VET

Dr. Nicole Norris-
Carney

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