



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Emma Scavone

**SPECIES**  
K9

**BREED**  
Doberman

**SEX**  
Female

**AGE**  
5.5 Years

**INTERPRETED BY**  
Heike Rudolf, DVM,  
Dr. med. Vet.,  
DipECVDI DVR

**HOSPITAL NAME**  
Reid Veterinary  
Hospital

**REFERRING VET**  
Jeff Popowich

**INVOICE**  
52654

**DATE**  
6-30-22

Presented for evaluation of breathing and appetite changes. Pt observed breathing with mildly increased inspiratory effort recently (2-3d duration). Only few, light coughs noted in past couple days, no syncope/dyspnea/cyanosis reported. Pt did get sprayed in face by skunk 3d ago. Pt also not as enthusiastic about eating, but is eating normal amount. Approx 1 year ago, pt diagnosed with hypothyroidism and treated with thyroxine. Labs earlier this month confirmed treatment is within therapeutic window. Lives in multi-pet home. U/d wnl, no v/d/s noted. O reports pt is PU/PD, but suspects due to recent environmental heat. No other health concerns reported. Diet: Raw, variety of ingredients; mixed with some kibble Current meds: Thyroid tab 0.8mg 1 tab BID.

Abnormal PE/Chem/CBC/UA Results: Grade II/VI L apical systolic murmur

**RADIOGRAPH OF THE THORAX**

RLR, 2x LLR, VD

**RADIOGRAPHIC FINDINGS**

The body condition score is 6/9; bony structures appear physiological.

The degree of pulmonary expansion on the lateral views is fair at best. The outline of the peripheral lobar vessels is reduced and that of the peripheral bronchi is increased, especially in the caudal lobes. On the VD the main pulmonary vessel for the caudal lobes are prominent between cardiac silhouette and rib 8 and appear to reduce their size abruptly level with rib 9.

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips slightly at the carina.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces (VHS 12). The caudal heart border is straight and tenting of the left atrium (LA) is present. On the VD view a bulge is present at 3 and 9 o'clock, regions consistent with left and right atrium (RA).

**RADIOGRAPHIC DIAGNOSIS**

- Generalized cardiomegaly
- Interstitial infiltrate
- Poss. hyperperfusion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes are compatible with DCM and pulmonary edema. Vascular congestion is likely present, even though measurement taken at rib 9 appear within normal limits. Echocardiography is recommended to assess valvular regurgitation and fractional shortening; a possible coexisting pericardial effusion should be ruled out. After diuresis radiography should be repeated to assess the lungs.



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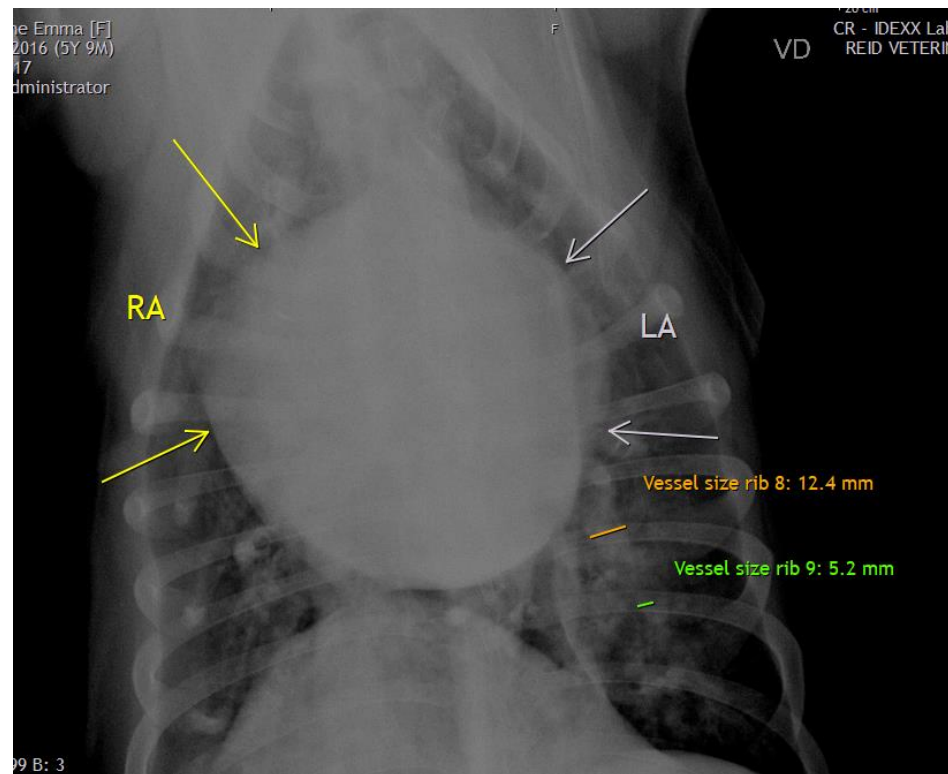
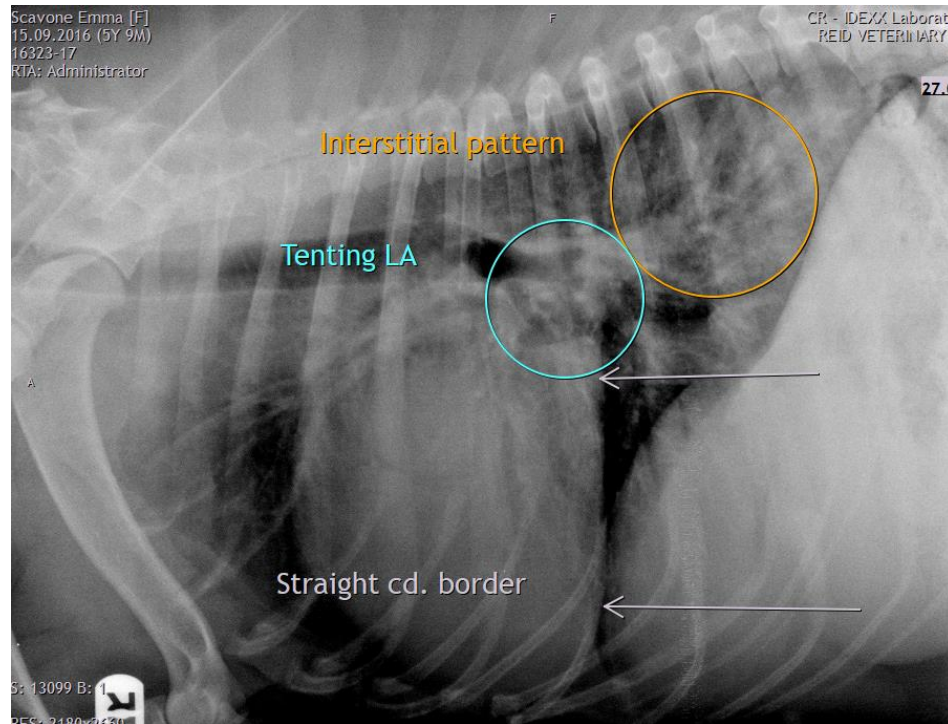
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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K9

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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Doberman

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

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