



PATIENT PRESENTING CLINICAL SIGNS

Trey Wilkerson History: Acute onset tachypnea, labored breathing, lethargy. No recent GI upset. Travel limited to Ruidoso and Glencoe, NM. History of cardiac murmur.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RR 60-70 with SPO2 85%. Harsh BV sounds throughout lung fields. Hx of cardiac murmur, though unable to auscult today. HR 110-120. MM are pink, good femoral pulse quality. Temperature 101.4F. CBC shows mod WBC 29.7K, neut 25.4K. Plt 45K - review of blood smear shows several mod plt clumps along periphery and 2-5 plt/hpf. Chem panel is unremarkable.

BREED

Basset Hound

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

Neutered Male

The diaphragmatic angle is steep and the crurae are caudally displaced due to an increased lung expansion. The right middle lobe and the left caudal lobe appear almost completely consolidated, containing air bronchograms and obscuring the cardiac borders. The alveolar infiltrate in the left cranial lobe is also marked. The remaining lobes show peri-bronchial infiltrate and irregularly shaped nodules.

AGE

7 Years

The trachea diverges slightly from the thoracic vertebrae and the carina is located at T6. The cardiac silhouette occupies approx. 75% of the chest height and 3 intercostal spaces (VHS 10.5). No chamber or outflow tract enlargement appears to be present.

INTERPRETED BY

Heike Rudolf, DVM,
Dr. med. Vet.,
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RADIOGRAPHIC DIAGNOSIS

- Mixed lung infiltrate
- Lobar consolidation
- Nodular opacities
- Pulmonary overexpansion
- Shoulder OA (incidental finding)

HOSPITAL NAME

Ruidoso AC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A mixed lung infiltrate is most likely due to infection, granulomatous inflammation, tumor or bleeding. Edema may be present as well. The nodular appearance can be due to metastases, eosinophilic infiltrate, mucous plugging of peripheral bronchi and parasitic larvae.

REFERRING VET

Sarah Botkin

Lymphadenomegaly does not appear to be present, thus further examinations are necessary. Ultrasound of the mid-thorax on both sides will allow obtaining samples from the consolidated lungs as well as ventrally from the areas with the nodular appearance. This may already be diagnostic. Until the samples can be taken, supportive treatment with oxygen and a small dose of diuretic may improve the clinical signs. Parasites such as lung worm should be ruled out with fecal samples. Once the pulmonary samples have been obtained supportive antibiotic and corticosteroid treatment can be initiated.

INVOICE

23136

DATE

6/30/23



PATIENT

Trey Wilkerson

SPECIES

Canine

BREED

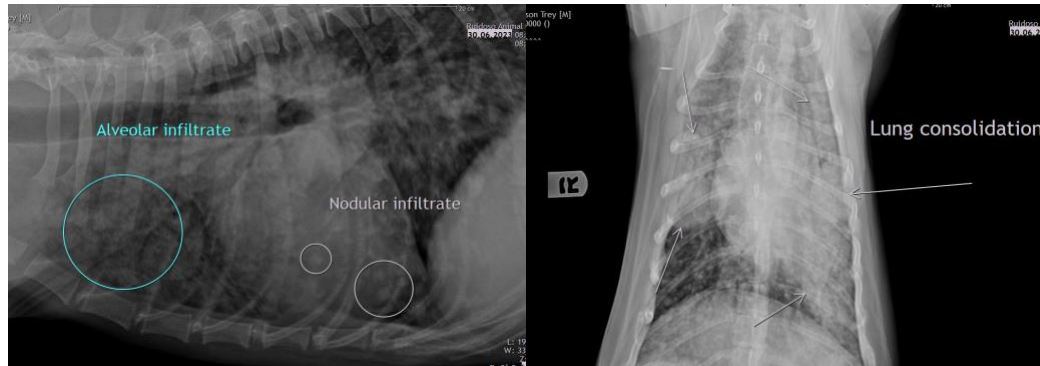
Basset Hound

SEX

Neutered Male

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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.

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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