



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Peggy Lee Running
SPECIES Canine
SEX Spayed Female
AGE 9 Years
INTERPRETED BY Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR

History: New Grade 4 of 6 heart murmur noted on exam. Mild pulmonary crackles bilaterally. Blood pressure normal. Concern for appearance in the region of the left atrium on x-ray. Echocardiogram revealed mitral valve disease but only category B1 with no atrial dilation. Improvement with cough on lasix and benazepril.

Abnormal PE/Chem/CBC/UA Results: Chem panel abnormalities- ALT 287 H. CBC abnormalities- Hct 62.2 H

BREED RADIOGRAPHIC STUDY OF THE THORAX

BREED Poodle
 The body condition score is 7-8/9 with a large, subcutaneous fat layer.

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, and their size is within the physiological range. The bronchial tree is thin walled and tapers uniformly towards the periphery.

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and is in line with the carina.

The cardiac silhouette occupies 90% of the chest height and 3 intercostal spaces (VHS 10). The caudal heart border is straight and tenting of the left atrium (LA) is present. On the DV view the cardiac silhouette appears round and the two main stem bronchi are laterally displaced.

The ventral liver lobe is pointed.

HOSPITAL NAME RADIOGRAPHIC DIAGNOSIS

Gentle Doctor AH

- Left sided cardiomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET Dr. Kanne
INVOICE 16464

Radiography suggests left atrial and ventricular enlargement but if echocardiography has not detected either, the findings may be due to a combination of pericardial fat and respiratory phase or represent distended pulmonary veins. The pulmonary opacity appears physiological, but this may be due to an early stage of asthma/COPD with air being retained in the alveoli; this would result in an expiratory effort. I can see no signs of tracheal collapse, but bronchial collapse may be present. Depending on severity and progression of the respiratory signs, this can be investigated at the same time as a broncho-alveolar lavage is performed.

Obesity is known to worsen clinical signs of cough and impair lung function; weight control is recommended.

DATE

7/1/22



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SPECIES

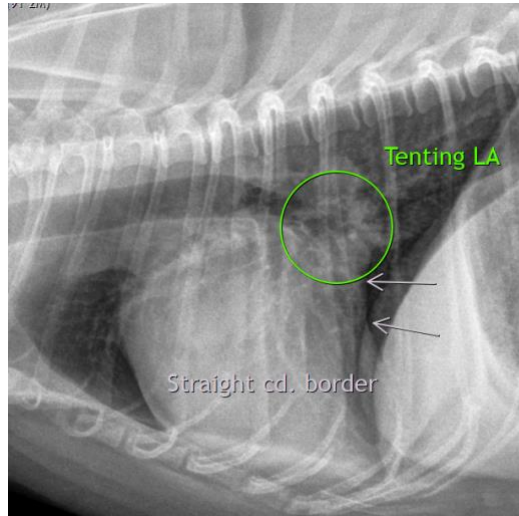
Canine

BREED

Poodle

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Spayed Female



AGE

9 Years

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.

INTERPRETED BY

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