



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Randy Cruz-Fuentes
SPECIES Canine
BREED Mixed Breed

History: *Struggling with mobility last few weeks and did not want to stand today and fell down the stairs. *Appetite has been off/picky past few days. Has vomited twice - once right after eating. Did not want to eat this morning. *O reports bad breath - but generally muzzled when examined. Concern for mass effect around mandibular incisors. *Hx mobility issues + gagging episodes in past - had u/s with Dr. Kantrowitz - nsf *Hx elevated liver enzymes in past and most recent BW - ALT + ALP Abnormal PE/Chem/CBC/UA Results: *2-3 approx 0.5 to 1cm gingival proliferations around mandibular incisors. Several mandibular incisors are severely mobile with significant GR & evidence of infection. Halitosis. *Remainder of mouth WNL. Able to open mouth WIDE & get GOOD EXAM. *Gingival proliferations are not ulcerated, bleeding, etc - quiet. *Histiocytoma removed from right lower lip in March 2021 - site was adjacent to some of the current gingival proliferations.

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

SEX Neutered Male
 A small amount of new bone formation is located on the anconeal processes. The last sternebra is short. The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible to the tertiary branches. The bronchial tree is thin walled and the visible branches taper uniformly towards the periphery.

AGE

AGE 14.5 Years
 The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

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

INTERPRETED BY

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

RADIOGRAPHIC DIAGNOSIS

- I can see no changes that would explain the clinical signs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no cause for the clinical signs. The inability to stand may be related to muscle weakness or diseases such as HD or disc disease. Further radiographic images of the hind limbs are necessary to rule out fractures, bone tumors and discospondylitis. MRI or contrast CT can show myositis and tendinitis. Abdominal ultrasound will help rule out diseases such as splenic tumor and pancreatitis. Obtaining blood to rule out pancreatitis is recommended.

HOSPITAL NAME

Long Valley AH

REFERRING VET

Lauren Semanchik

INVOICE

23596

DATE

7/21/23



PATIENT

Randy Cruz-Fuentes

SPECIES

Canine

BREED

Mixed Breed



SEX

Neutered Male

AGE

14.5 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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com

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