


PATIENT PRESENTING CLINICAL SIGNS

Ruby Waypa O stated for the past week pt has been intermittently coughing so hard she will vomit up white foam/mucus. O stated it is not brought on by anything (not by activity, positional changes or time of day). O has not taken her recently anywhere, no dog parks, grooming, boarding. She does go outside to potty and is current on Bordetella until 8/2023. O stated no changes with activity level, appetite, or activity.

SPECIES Pt diagnosed with heart murmur (III/VI) 10/2022. Pt diagnosed stage B2- started on cardiac diet and Vetmedin and still currently is on.

Canine

BREED Abnormal PE/Chem/CBC/UA Results: Pt's most recent b/w done 3/2023: elevated Tp at 7.5, ALT at 303, ALP at 651, ca at 12.0, cholesterol at 392, triglycerides at 35, mildly anemic HCT at 33%, HGB at 11.2, RBC at 4.2. Other history of Cushing's--> not currently on medications for it.

Golden

RADIOGRAPHIC STUDY OF THE THORAX

SEX The body condition score is 7/9. Multiple rounded, ventral soft tissue opacities are evident.

Female In right lateral recumbency the costochondral junction of both sides is not superimposed onto one other.

AGE The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches but reduced in size; their maximum size on the lateral view is 50% of the proximal third of rib 4 and on the VD less than rib 9 at the intersection of rib and vessel. The bronchial tree is thin walled and tapers uniformly towards the periphery.

13 Years

INTERPRETED BY

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

The cranial mediastinum is of physiological size and opacity; in right lateral recumbency a soft tissue opacity is evident dorsal to sternebrae 2 and 3. The trachea diverges from the thoracic vertebrae and dips at the carina.

The cardiac silhouette occupies 70% of the chest height and 2 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident. The caudal vena cava is narrow on all lateral views.

HOSPITAL NAME

The liver is located within the costal arch and the visible abdominal detail is good.

Ahwatukee Commons
Veterinary Hospital

RADIOGRAPHIC DIAGNOSIS

- Hypovolemia
- Microcardia, mild

REFERRING VET

Dr. Housley

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot see a cause for the coughing. The soft tissue opacity dorsal to the sternum could be due to sternal lymphadenomegaly, but the rotation probably just superimposes a skin fold over this region. Further investigations to rule out laryngeal paralysis, tracheitis and bronchitis, which can be present without radiographic evidence, would be tracheobronchoscopy with BAL.

INVOICE

44386

DATE

7/26/23

Hypovolemia can be due to dehydration, blood loss or Addison's disease. Hypovolemia in combination with the red blood cells at the lower end of normal makes abdominal ultrasound necessary to rule out bleeding into an organ (e.g. liver, spleen, bladder). Immune-mediated hemolytic anemia (IMHA) should be ruled out and thus the reticulocytes counted. Tests for parasites such as Ehrlichia, Babesia and Leptospira may become necessary.



PATIENT

Ruby Waypa

TECHNICAL COMMENTS

Rotation in right lateral recumbency.

SPECIES

Canine

BREED

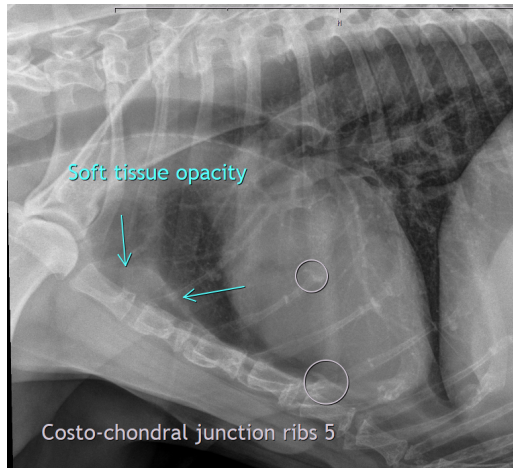
Golden

SEX

Female

AGE

13 Years



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.,
DipECVDDI 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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