



PATIENT

Lola Ubiñas

SPECIES

Canine

BREED

Labrador Mix

SEX

Female Spayed

AGE

6 Years

INTERPRETED BY

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

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Ferrer, DVM

INVOICE

52739

DATE

7-7-22

PRESENTING CLINICAL SIGNS

Presented on 7-6-22 to evaluate breathing issues. Seems to be agitated and has some sneezing and coughing at home. On PE mild coughing was noticed on tracheal palpation and also an SQ mass was palpated on the trachea, and thyroid area. 4DX: negative all, on HW preventions Proheart, CBC and CHEM were unremarkable. T4 was 2.5 (1-4), Overweight, but lost 1 # in 2 weeks.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: BUN: <2 (7-27 mg/dL) T4: WNL

RADIOGRAPH OF THE THORAX

RLR, LLR, DV,
1x lateral neck

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with a large amount of subcutaneous fat dorsal to the thoracic vertebrae.

The bony structures appear physiological.

In right lateral recumbency the degree of pulmonary expansion is fair at best with a large gap between right and left crura. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the secondary branches; the tertiary branches are blurred, and peripheral bronchi are highlighted.

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.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In middle aged, large breed dogs (especially of the Retriever type), laryngeal paralysis should be considered. It would explain the two relatively deep inspiratory views despite existing obesity.

The generalized interstitial lung pattern is a non-specific finding and accentuated by the large amount of subcutaneous fat only fair expansion of the lung field in one lateral recumbent view. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
- Fibrosis
- Edema
- Hemorrhage
- Tumor (e.g. lymphoma, unlikely)

The imaging findings should be correlated with the clinical findings before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out.



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The masses detected on palpation require further examination by means of ultrasound or CT.

Lola Ubiñas

TECHNICAL COMMENTS

Non-DICOM images were submitted. The transformation from DICOM to other formats reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports, I suggest submitting DICOM images in the future.

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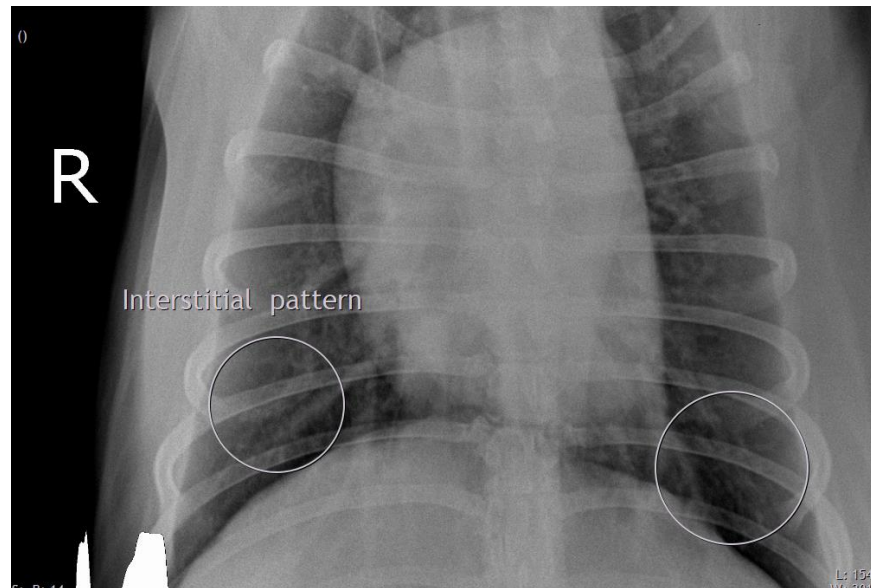
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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