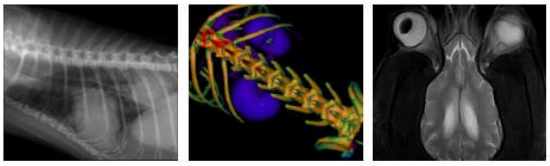

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sophie Steffen

SPECIES

Canine

BREED

St. Bernard Mix

SEX

Spayed Female

AGE

7 Years 4 Months

INTERPRETED BY

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

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Dr. Kanne

INVOICE

16557

DATE

7/9/22

PRESENTING CLINICAL SIGNS

History: Coughing for 3-4 days. Dry, non-productive. Lethargic.

Abnormal PE/Chem/CBC/UA Results: Normal temperature. Lungs auscultated normal. Heart sounds slightly muffled on the right. No increased respiratory effort.

RADIOGRAPHIC STUDY OF THE THORAX

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

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The outline of the peripheral lobar vessels is blurred, esp. in the caudo-dorsal lung fields. Bronchial wall calcification is present in the hilar region and peripherally small doughnuts are evident. In the cranial lobes some round opacities are superimposed onto longitudinal blood vessels and their diameter is larger than that of the longitudinal vessel. The cranial lobar vessels are half the size of rib 4 at their intersection with the rib. In the ventral lobes some small, roundish opacities with irregular margins are present.

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

The cardiac silhouette is elevated from the sternum by fat and aerated middle lobe. It thus occupies 60% of the chest height and 2 intercostal spaces (VHS 9.5). No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

- Microcardia
- Hypovolemia
- Broncho-interstitial pattern
- Nodular opacities
- Osteomata

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Peribronchial cuffing is due to infiltrate which may be chronic or acute. Primary inflammatory, non-infectious causes (e.g. neutrophilic, eosinophilic, allergic), as well as infectious causes (bacterial, viral, parasitic) should be considered. Bronchoscopy including BAL is necessary for a definitive diagnosis. Hypovolemia and microcardia could be the result of volume loss due to dehydration (e.g. vomiting, diarrhea) or bleeding (e.g. into the GIT or peritoneal cavity); Addison's disease is another differential diagnosis. The nodular structures are suspicious for pulmonary metastases but could still represent end-on blood vessels or osteomata. Abdominal ultrasound is recommended to rule out a tumor such as splenic hemangiosarcoma. Should the abdominal organs be physiological monitoring of the

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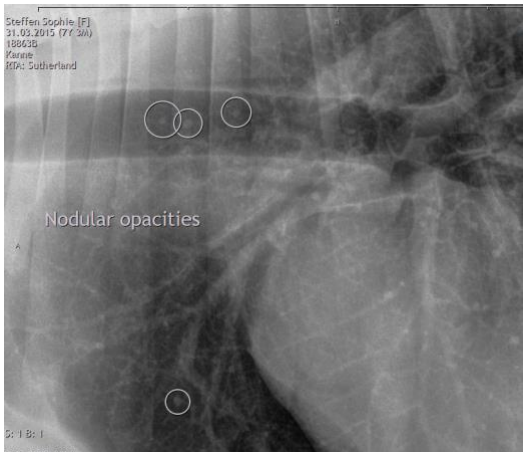
thoracic nodules is recommended. Alternatively, a CT examination can be performed which will be able to differentiate between vessels, osteomata and metastases.



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
dr.h.rudorf@gmail.com