



PATIENT

Ava Housley

PRESENTING CLINICAL SIGNS

Dry cough, VF ruled out - Possible heart concerns?

SPECIES

Canine

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

Thorax: RLR, LLR, VD
Abdomen: 2 orthogonal views

BREED

Golden Retriever

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

SEX

Spayed Female

Spondylosis is present and also new bone dorsal to the intersternebral spaces. The last two sternbrae are short. The facets joints L3/4 show a moderate and the facet joints L5/6 a small amount of smooth new bone formation.

AGE

12 Years

Thorax

The lungs are well inflated and in contact with the thoracic boundaries; the tips are pointed. The lobar vessels are blurred in the caudal and accessory lobes as well as in the cranio-ventral lobes. Peripheral bronchi are highlighted, and some doughnuts are present.

INTERPRETED BY

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

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5/6.

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

HOSPITAL NAME

Ahwatukee Commons
Veterinary Hospital

Abdomen

The abdominal detail is good; diaphragm and abdominal wall are intact.

The caudal liver lobes are located caudal and ventral to the stomach.

The spleen is prominent.

REFERRING VET

Dr. Rebecca Housley

The stomach contains a moderate amount of air and, on the lateral view, is surrounded by liver lobes. The small intestinal loops occupy the central abdomen and appear of homogeneous and physiological size. Colon and rectum contain a moderate amount of fecal matter.

INVOICE

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Both renal shadows have a physiological size, shape and opacity; the surfaces are smooth. The bladder shadow is not clearly outlined but appears to contain a moderate amount of homogeneous fluid opacity and be located in the abdominal cavity.

The region of the sublumbar lymph nodes appears physiological.

DATE

8-30-21

RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial pattern
- Unusual hepatic orientation, possible hepatopathy

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Incidental findings

- Spondylosis
- New bone intersternbral spaces
- Congenital sternal anomaly
- Facet arthropathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Well inflated lungs can be due to manual inflation, a deep breath, or an inability to expel all air from the alveoli (asthma). This differentiation is important because obesity is known to worsen clinical signs of cough and impair lung function; the latter would have resulted in more expiratory views.

The generalized interstitial lung pattern is a non-specific finding. 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)
- Edema
- DIC
- Fibrosis
- Tumor (e.g. lymphoma)

The changes compatible with for chronic lower airway disease could be due to eosinophilic/allergic

Broncho-pneumopathy and infectious bronchitis such as viral, bacterial, parasitic, or protozoal. Further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage should be considered.

Abdominal ultrasound is recommended to assess the liver. Considering the age of the dog, echocardiography may be indicated to definitely rule out DCM as well as a small degree of pericardial effusion.

TECHNICAL COMMENTS

Only jpg images were submitted. The transformation from DICOM to jpg 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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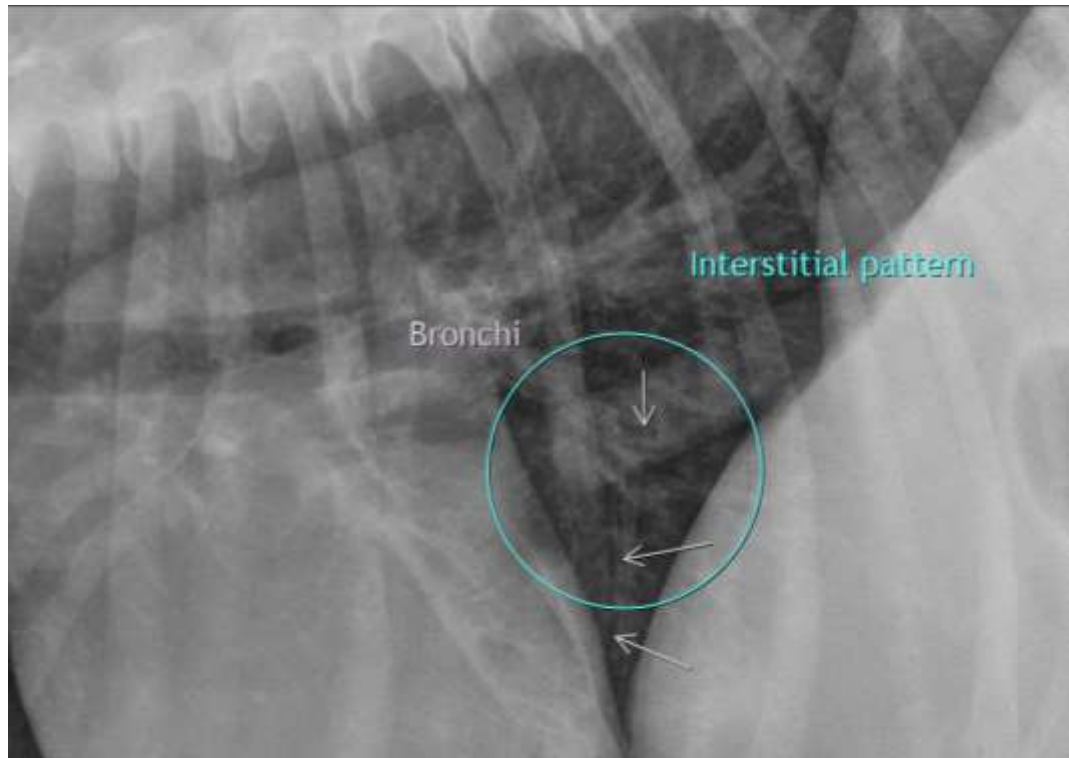
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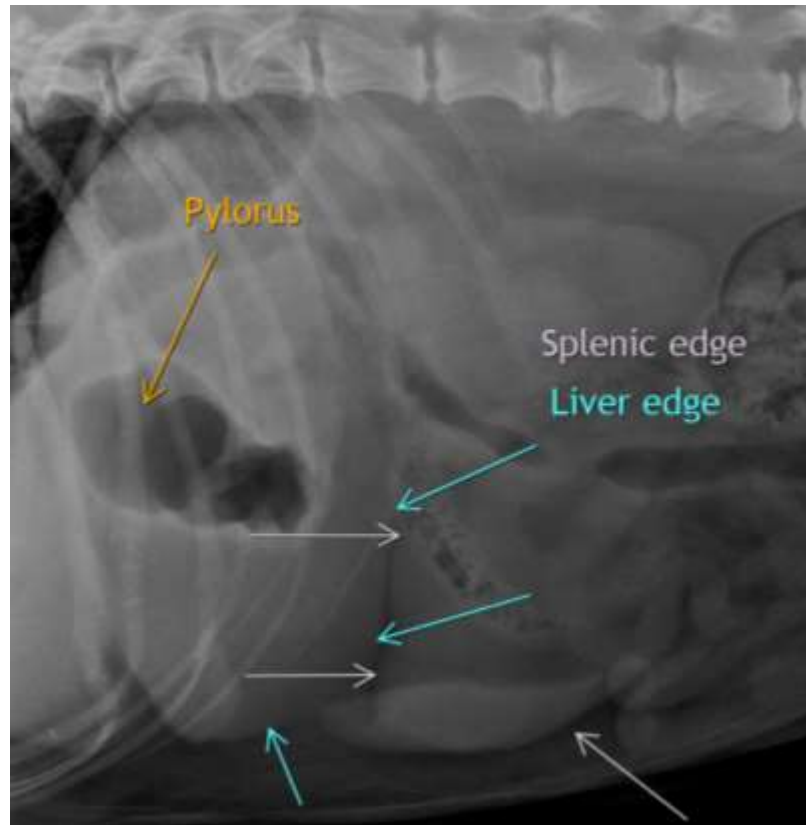
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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