



**PATIENT PRESENTING CLINICAL SIGNS**

**Mom Norelli** P has been coughing persistently for about 10 days, coughed up blood last Tues, no blood seen since this time. P also has a new 1.5cm sq soft tissue growth near the rectum first noted about 4 weeks ago. P is still e/d well. normal urination and defection. No vomiting seen.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Mild dry cough hear during exam, No murmur, lungs sound clear. P has a new SQ soft tissue growth near the rectum. Chem: Amylase 1827 H (290-1125) Preceision PCL 2733 H (24-140) CBC: Plt 419 H (170-400) HW4dx: Negative x 4 T4 - WNL

**Canine**

**BREED RADIOGRAPHIC STUDY OF THE THORAX**

**Boxer** All labelled 01.09.2020: LLR, RLR, 2x DV plus RLR and 3x VD

**RADIOGRAPHIC FINDINGS**

**SEX** The body condition score is 6 and 7/9 with smooth alternating layers of fat and soft tissue opacity. On one R lateral recumbent view a row of nipples is seen which result in an apparent nodule dorsal to the 5<sup>th</sup> sternebra, overlying the cranio-ventral heart shadow, which is no longer present on the second study.

**FS**

**AGE** Mild thoracic spondylosis is present.

**9 Years** The lungs are in contact with the thoracic boundaries and the tips are pointed. The cranio-dorsal right lung lobe shows an increased opacity which results in a sausage shaped appearance on the lateral view as it visually merges with the mediastinum. On the VD views a mild, generalized alveolar pattern is evident in the right cranial lobe. One air bronchogram can be followed in the straight VD where the other lobes on the right side are well inflated.

**INTERPRETED BY** The cranial mediastinum is of physiological size and opacity. The trachea in the single lateral view is slightly dorsally displaced between ribs 2 and 4.

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

**HOSPITAL NAME** The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

All Creatures Animal  
Hospital Stuart

**REFERRING VET** • Alveolar infiltrate right cranio-dorsal lobe

Tammie Robinson

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE** The changes are highly suggestive of a primary lung tumor in the dorsal aspect of the right cranial lobe. Pneumonia is unlikely due to the location. Granulomatous infiltrate is possible and, in association with bleeding, TB would have to be considered; the distribution is, however unusual for TB. Ultrasound of the lobe can be performed to obtain an FNA. Alternatively, bronchoscopy may permit a grab biopsy or a targeted BAL. For staging a CT examination is necessary to highlight enlarged lymph nodes and small, pulmonary nodules.

47294

**DATE**

8-31-21

**TECHNICAL COMMENTS**

I am assuming that the set with the lower BCS is from 2020 and the R lateral recumbent and 3 VD



**PATIENT**

views are from this year.

Mom Norelli

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

9 Years

**INTERPRETED BY**

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Dr. med. Vet.,  
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**HOSPITAL NAME**

All Creatures Animal  
Hospital Stuart

**REFERRING VET**

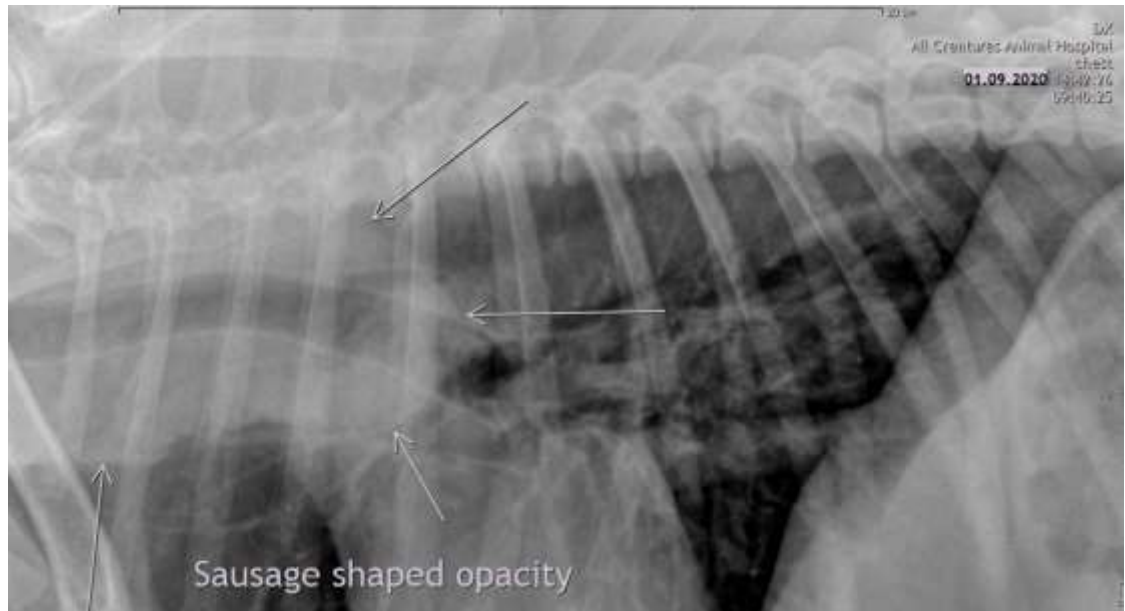
Tammie Robinson

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**PATIENT**

Mom Norelli

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.

**SPECIES**

Canine

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
Dr.H.Rudorf@gmail.com

**BREED**

Boxer

**SEX**

FS

**AGE**

9 Years

**INTERPRETED BY**

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Dr. med. Vet.,  
DipECVDI DVR

**HOSPITAL NAME**

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**REFERRING VET**

Tammie Robinson

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