



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Maya Rivera **PRESENTING CLINICAL SIGNS** History: Patient was presented for evaluation of coughing and anorexia. She is on Rimadyl and Mobility diet. She is up to date on Proheart. A malignant tumor at right elbow (suspect poorly differentiated cutaneous round cell tumor by pathologist) was removed on March 2022.

SPECIES Canine **RESULTS** Abnormal PE/Chem/CBC/UA Results: CBC: neutrophilia 14.20 K/uL CHEM: decreased BUN 6, hypokalemia 3.4 mmol/L PE: periodontal disease, firm large fixed subcutaneous mass on ventral thorax, tachypnea, cataracts OU, BCS 8-9/9, moderate amount of dark brown debris AU

BREED RADIOGRAPHIC STUDY OF THE THORAX

BREED Golden Retriever **RADIOGRAPHIC STUDY OF THE THORAX** The body condition score is 9/9 with a large amount of dorsal s.c. fat. The bony structures appear physiological.

SEX Spayed Female **SEX** The right caudal lobe shows a leaf shaped soft tissue opacity between ribs 7 and 11 which compresses the proximal right main stem bronchus from lateral. The right middle lobe shows an interstitial pattern, so does the left caudal lobe.

AGE 10 Years **AGE** The cranial mediastinum appears slightly wider on the VD and the trachea runs parallel to the vertebrae. A soft tissue mass displaces and compresses the main stem bronchi from centrally.

AGE 10 Years **AGE** The cardiac silhouette is elevated from the sternum by fat. It occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

- INTERPRETED BY** Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR
- Perihilar lymphadenopathy
 - Compression of both main stem bronchi
 - Mass like alveolar infiltrate right caudal lobe
 - Interstitial pattern right middle and left caudal lobes
 - Obesity

HOSPITAL NAME INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME Paseos VC **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS** The perihilar lymphadenopathy is compressing the main stem bronchi and causes an increased resistance to the air flow. The most likely reason is metastatic spread of a tumor. The most likely primary tumour is a lung tumour of the right caudal lobe. However, lymph node abscessation and lung lobe infection are differential diagnoses, though far less likely. Ultrasound of the right thoracic wall would allow sampling but due to the obesity this may be difficult. A CT examination will allow better assessment of lymph nodes and lung infiltrate for prognostic purposes.

REFERRING VET Dra. Martes **REFERRING VET** Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.

INVOICE

17525

DATE

9/30/22



PATIENT

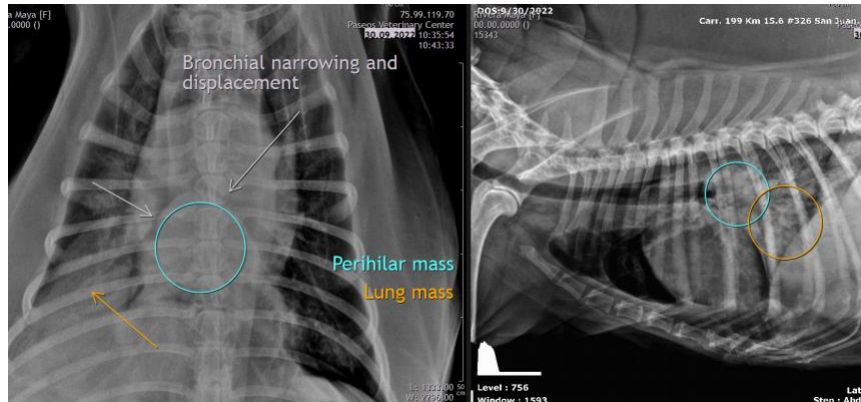
Maya Rivera

SPECIES

Canine

BREED

Golden Retriever



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.

SEX

Spayed Female

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.

AGE

10 Years

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com

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REFERRING VET

Dra. Martes

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