



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Candy Clark

SPECIES
Canine

BREED
Chihuahua

Candy presented last week for a newly noted cough and difficulty sleeping. Exam revealed a 5/6 cardiac murmur and a + and prolonged cough with tracheal palpation. Candy has severe chronic periodontal disease, and had a nephrectomy as a younger dog. Lab work was WNL on day of exam. She was radiographs and my assessment was mild perihilar edema noted, a rounded, globoid heart, lack of cardiac waist, mild cardiomegaly with VHS of 11-11.5 I did think there was maybe some mild dynamic tracheal narrowing at thoracic inlet, but not severe? Most concerning, I did wonder if there was a nodule/mass effect noted in VD and on R lateral. It was noted to be approx 11x 15 mm in size, noted in all views noted in R craniodorsal field--LN? consolidation? neoplasia? granuloma? other? The other radiographs were taken 10 days later, post treatment with lasix, vetmedin and meloxicam--clinically the dog is doing much better, but I do wonder if there is still a mass effect in this chest?

RADIOGRAPHIC STUDY OF THE THORAX

SEX
Spayed Female

2 three-view studies of the thorax date 1-4 and 1-12 available for review.

RADIOGRAPHIC FINDINGS

AGE
10 Years

The degree of pulmonary inflation is moderate. A mild generalized bronchointerstitial lung pattern is noted and considered within age related normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Prominence of the main pulmonary artery and aortic arch appear to be present on the right lateral views. The ventral contour of the cranial mediastinal vessels is seen prominently on the lateral views as well. The vertebral heart score is 10.2. Mild left atrial enlargement appears to be present and is associated with loss of the caudal cardiac waist and a double opacity sign in both studies. No evidence of cardiogenic pulmonary edema is seen.

The right lateral view of the initial study dated 1-4 enhances the impression of cardiomegaly and left atrial enlargement due to the thoracic rotation.

HOSPITAL NAME

Lacombe Veterinary
Centre

Minimal esophageal aerophagia is noted.

Course and width of the trachea are considered within normal limits.

REFERRING VET

Dr. Laurel Arvidson

The cardiopulmonary findings are stable between the prior and recent studies.

No evidence of abnormal mediastinal widening is noted.

RADIOGRAPHIC DIAGNOSIS

- INVOICE**
49538
- Mild left atrial enlargement without evidence of congestive heart failure.
 - Mild bronchointerstitial lung pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE
1-12-22

The left atrial enlargement may cause impingement of the left mainstem bronchus which could explain the clinical signs. However, there also is a bronchointerstitial lung pattern which may be associated with either eosinophilic/irritant bronchopneumopathy versus infectious bronchitis such as viral, bacterial, and less likely parasitic, or protozoal.



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At this time and in the prior study, there is no evidence of congestive heart failure. Radiographically the cardiomegaly and left atrial enlargement appear to be mild at this point. However, a complete and detailed assessment would require a cardiac echo.

No radiographic evidence of dynamic tracheal disease was found.

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Canine

I do not see a nodule or pulmonary mass. However, feel free to submit a screenshot of what you consider a nodule for further clarification.

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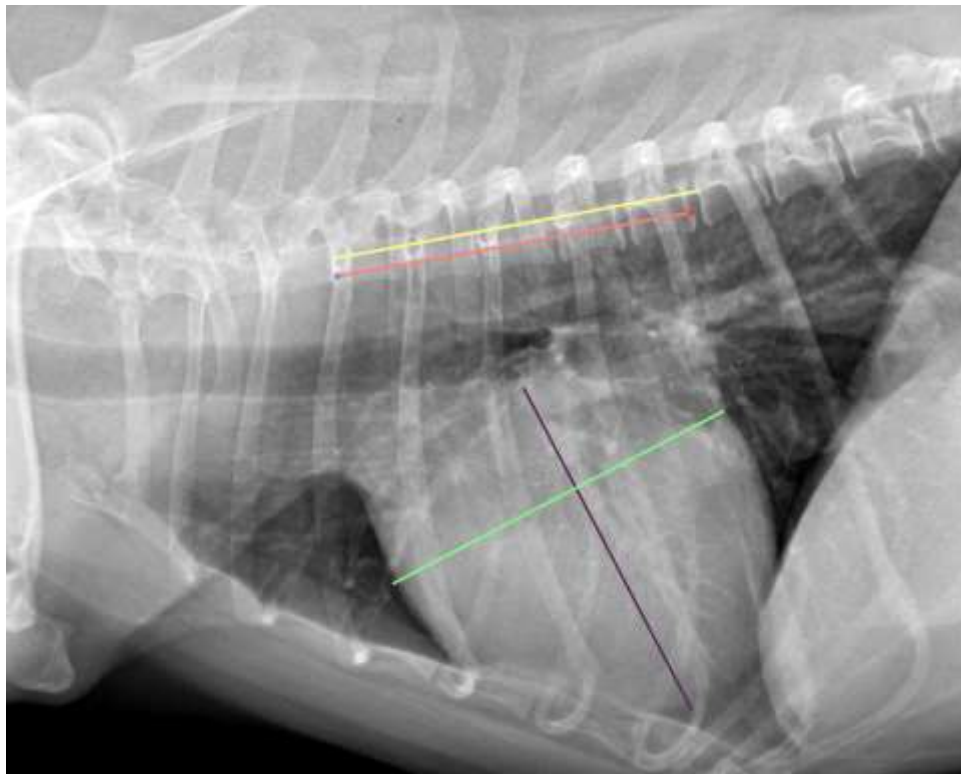
Dr. Laurel Arvidson

INVOICE

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DATE

1-12-22



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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