



**PATIENT PRESENTING CLINICAL SIGNS**

Dutchess Faust Reason for Visit: coughing few months - more frequently. Not on HWP. Gets short of breath easier. Arthritis - today was a LONG MORNING before pet got moving (adequan inj restart ? O can not remember if it helped) Growth on back that is actively bleeding (looking to see if anything to do about this) Nail trim 3 weeks ago took to Lead ER for suspect snake bite on muzzle, resolved with benadryl and gabapentin.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: worn teeth, Lymph Nodes: N Skin: 2cm soft moveable sq mass ventral neck at manibrium 3cm moderately firm calloused dermal mass right lat hock with 0.5cm central ulcer 1cm cyst like mass

**BREED**

Rottweiler Mix lower lumbar area CV/Respiratory: No murmur, panting non-stop Abd/GI: when palpated abdomen Dutchess looked like she was going to vomit, tongue turned purple and she hacked like she was clearing her throat. Hard to palpate abdomen given level of obesity Uro/Perineum: N Musculoskeletal: bcs 9/9 Neurological: N CBC: HCT 28, 3 nRBC'S - REGNERATIVE ANEMIA (SUSPECT DUE TO HEMORRHAGE GIVEN LOW ALBUMIN) CHEM ALBUMIN 1.8 GLOBS 10.3 - R/O NEOPLASIA, INFECTIOUS T4 LOW - R/O EUTHYROID SICK SYNDROME VS TRUE HYPOTHYROIDISM UA: USG 1.031, 3+ PROTEIN - R/O NEOPLASIA, CHRONIC INFECTIOUS/INFLAMMATORY, HYPERTENSION, IDIOPATHIC

**SEX**

SF

**RADIOGRAPHIC STUDY OF THE THORAX**

**AGE**

Right/left lateral and ventrodorsal views totaling 3 images available for review.

13 Years

**RADIOGRAPHIC FINDINGS**

**INTERPRETED BY**

The patient is obese.

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

There is bilateral shoulder and elbow osteoarthritis.

There appears to be a soft tissue opaque nodular structure level with the extrathoracic soft tissues of the front limbs on the right lateral view.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

The degree of pulmonary inflation is fair. A moderate generalized increase in background opacity of the lung is seen which is likely enhanced by the poor inflation and thickness of the thoracic wall. A moderate generalized bronchial lung pattern with occasional peribronchial cuffing is noted. There appears to be early peripheral cylindrical bronchiectasis. Multiple age related incidental pulmonary osteomas are present.

**REFERRING VET**

Dr. Rivera

There is mild esophageal aerophagia.

The cervical trachea presents moderate dorsoventral collapse on the left lateral view which is not seen on the right lateral view; however, the cervical trachea is not included on the right lateral view.

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There is no radiographic evidence of cardiovascular pathology.

Moderate generalized enlargement of the liver is seen.

**DATE**

1-20-22

**PATIENT**

Dutchess Faust

**SPECIES**

Canine

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Rottweiler Mix

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13 Years

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**RADIOGRAPHIC DIAGNOSIS**

- Chronic lower airway pattern.
- Dynamic tracheal disease.
- Hepatomegaly.
- Obesity.
- Osteoarthritic changes of both shoulders and elbows.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic changes suggest presence of chronic lower airway disease such as eosinophilic bronchopneumopathy versus infectious bronchitis including viral, bacterial, and less likely parasitic, or protozoal. The presence of bronchiectasis underlines the chronicity.

There is also evidence of dynamic tracheal disease which is likely secondary to degenerative bronchomalacia.

Further evaluation of the upper and lower airway with lower airway sampling would be ideal in this patient.





**PATIENT**

Dutchess Faust

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.

**SPECIES**

Canine

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Rottweiler Mix

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