



PATIENT PRESENTING CLINICAL SIGNS

Sophie Arcia since about a week ago, Sophie has started coughing, all day, and all night, Mom is concerned B.A.R

SPECIES Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 CV/Respiratory: Normal heart rate and rhythm, grade V/VI heart murmur, pulses strong and synchronous, increased bronchovesicular sounds. Non-productive cough in the exam room.
 EENT: Clear AU. OU: lenticular sclerosis. No nasal discharge. No cough on tracheal palpation.
 Oral cavity: Moderate dental tartar Musculoskeletal: BCS = 6/9. Ambulatory x 4 Uro/Perineum: Intact female, LHC - unknown Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: ~2cm, soft, movable SQ mass at lumbar region. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Diagnostic Testing Needed: Thoracic radiographs, BW Declined Diagnostics/Treatments: None Findings: 1) Thoracic radiographs: L sided cardiomegaly, increased opacity at perhilar region. Final consult pending. 2) CBC: RBC 5.52 (5.65-8.87), HGB 12.7 (13.1-20.5) 3) CHEM: WNL 4) HWT: negative 5) UA (cysto): SG 1.028, WBC <1/hpf, RBC 3/hpf

BREED

Chihuahua

SEX

SF

RADIOGRAPHIC STUDY OF THE THORAX

Right lateral and ventrodorsal views of the thorax totaling 2 images available for review.

AGE

12 Years

RADIOGRAPHIC FINDINGS

Note the presence of fat opaque swelling ventral to the mid abdominal wall.

Shoulder osteoarthritis is noted.

Mild thoracic tracheal collapse is seen. There is no evidence of concurrent bronchial collapse.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

The left mainstem bronchus is lifted due to enlargement of the left atrium. Loss of the caudal cardiac waist is noted as well as an elevated trachea due to an increased basico-apical length of the cardiac silhouette. The vertebral heart score is 11.3. No evidence of a vascular lung pattern and no evidence of cardiogenic pulmonary edema is seen.

There is a mild generalized bronchial lung pattern.

REFERRING VET

Dr. Rivera

RADIOGRAPHIC DIAGNOSIS

- Moderate left sided cardiomegaly with no evidence of congestive heart failure.
- Suspect dynamic tracheal disease.
- Mild bronchial lung pattern.
- Suspect umbilical hernia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

10-3-22

The radiographic study reveals moderate left sided cardiomegaly. No evidence of cardiogenic pulmonary edema is seen yet there is enlargement of the left atrium and lifting of the left mainstem bronchus which may contribute to the coughing.

There also is evidence of dynamic tracheal disease with mildly collapsing intrathoracic trachea on



PATIENT the available right lateral view.

Sophie Arcia The mild bronchial lung pattern may be within age related normal limits, however, lower airway disease such as eosinophilic / allergic bronchopneumopathy or infectious bronchitis including viral, bacterial, or parasitic cannot be ruled out.

SPECIES
Canine A full cardiac echo should be considered to further stage the cardiac disease. Myxomatous mitral valve degeneration with chronic mitral valve regurgitation is considered likely in this patient. However, a cardiac echo is required to allow for staging and adjustment of the medical treatment appropriately.

BREED
Chihuahua Airway endoscopy could be considered to further define the potential presence of dynamic tracheal disease and lower airway disease.

SEX

SF

AGE

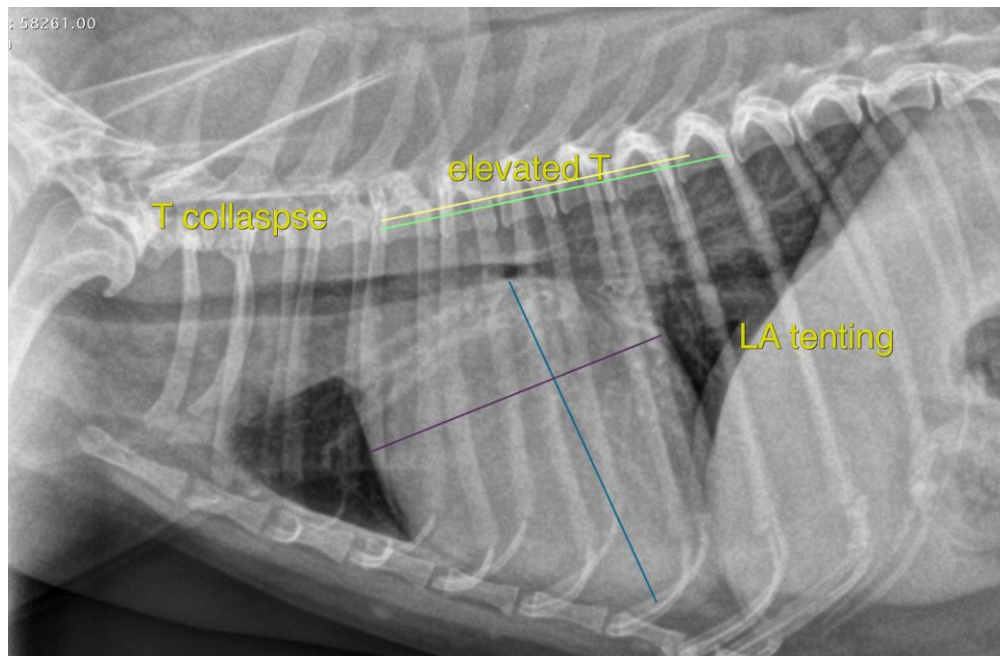
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REFERRING VET

Dr. Rivera

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.

INVOICE

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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.

DATE

10-3-22

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