



PATIENT PRESENTING CLINICAL SIGNS

Hillary Muir Presented to local emergency clinic 10/1/21 ADR, not eating, lethargic, breathing heavily/wheezing, coughing to the point of bringing up white foam, heart was racing, wobbly, vomited 4 times in 10 days. PE Grade 4-5 heart murmur, mild wheezes with slight abdominal breathing, very thin. Lactate high on bloodwork. Elevated BUN and Creatinine. -Radiographs: Showed diffuse interstitial pattern in caudodorsal fields. Cardiac waist lost, trachea slightly dorsally displaced, heart appears normal in size. Possible bulge in left atrium. (these images included for comparison to today if desired). Started on Lasix and Pimobendan. Echo 10/7/21 showing chronic degenerative valve disease causing moderate mitral and trace tricuspid regurgitation and moderate left atrial enlargement. No cardiac changes that would cause CHF at this time. Suspected previous clinical signs were respiratory in nature. Thoracic rad review advised.

SPECIES Canine

BREED Shih Tzu

Abnormal PE/Chem/CBC/UA Results: see above

SEX RADIOGRAPHIC STUDY OF THE THORAX

FS Right/left lateral and ventrodorsal views totaling 3 images available for review in jpeg format.

RADIOGRAPHIC FINDINGS

AGE 14
Thoracolumbar spondyloses are seen and considered unrelated to the reason of clinical presentation.

INTERPRETED BY Nele Eley, DVM
Dr. med. Vet. DipECVDI
The degree of pulmonary inflation is deep. A moderate generalized bronchial lung pattern with bronchial wall enhancement, peribronchial cuffing, and peripheral cylindrical bronchiectasis is seen and evenly distributed throughout the lung.

Course and width of the trachea are considered within normal limits. Mild redundancy of the cervical trachea is seen in the right lateral view. No tracheal collapse is noted.

HOSPITAL NAME Chippawa Animal Hospital
Accurate measurements are limited with non-Dicom images; however, the vertebral heart score appears to be within the upper reference range. There appears to be mild left atrial tenting. No evidence of pulmonary venous dilation is seen. The caudal vena cava presents thin. There is no radiographic evidence of right heart enlargement.

No significant aerophagia is noted.

REFERRING VET Ashley Van Leeuwen
The radiographic presentation of the liver is within normal limits.

RADIOGRAPHIC DIAGNOSIS

- INVOICE** 47724
- Moderate chronic lower airway pattern with multifocal cylindrical bronchiectasis.
 - No radiographic evidence of congestive heart failure.
 - Mild left atrial enlargement.
 - Redundancy of the dorsal tracheal ligament - incidental.

DATE 10-8-21



PATIENT

Hillary Muir

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding appears to be the presence of a chronic lower airway pattern. Consider irritant / allergic bronchopneumopathy versus infectious bronchitis such as viral, bacterial, parasitic, or protozoal.

SPECIES

Canine

The presence of bronchiectasis should be noted which may well be associated with decreased mucociliary clearance and can predispose to recurrent inflammation and superinfection.

BREED

Shih Tzu

Mild left sided cardiomegaly appears to be present which correlates with the history. At this point, there is no evidence of hemodynamic consequences in terms of congestive heart failure.

If possible, further definition by means of airway endoscopy with airway sampling would be ideal.

SEX

FS

AGE

14

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HOSPITAL NAME

Chippawa Animal
Hospital

REFERRING VET

Ashley Van Leeuwen

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.

INVOICE

47724

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

10-8-21

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