



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Ben Snell  
 Seen @ River's Edge Pet Medical Center 11/1 7:54am for breathing issues. He's been gassy, short of breath & a dry cough for a couple of days. Owner declined blood work, Cardiopet ECG & U/S for now.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: All done at River's Edge Pet Medical Center - Abdomen distended on exam. Radiographs (lateral & VD thorax, lateral abdomen) - enlarged rounded heart, pulmonary congestion, mild constipation. DDX - heart issue, pericardial effusion.  
 Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

**BREED** Right lateral and ventrodorsal views totaling 2 images available for review.  
 Doberman

**RADIOGRAPHIC FINDINGS**

**SEX** The surrounding bony structures are within normal limits.

**MN** The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE** The cardiac silhouette measures three intercostal spaces in width. I can only interpolate the vertebral heart score which appears to be 10.5 at maximum. No significant subjective enlargement of the cardiac silhouette is seen. There is no overt left atrial tenting or double opacity sign. The trachea is inclining with respect to the thoracic spine.  
 6 Years, 9 Months

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

The trachea is normal in diameter. The luminal outline of the trachea is smooth.

The lung presents a moderate increase in opacity with severe multifocal peribronchial cuffing and mild ventral accentuation as well as an overall increase in interstitial opacity. A mild vascular pattern appears to be present.

**HOSPITAL NAME**

Albany Animal Hospital

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**RADIOGRAPHIC DIAGNOSIS**

- No significant enlargement of the cardiac silhouette appreciated radiographically.
- Moderate bronchointerstitial lung pattern with mild ventral accentuation.

**REFERRING VET**

Ken Fletcher, DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

48124

The radiographic presentation is not typical for left sided congestive heart failure. It is known that this can be radiographically occult in Doberman especially with DCM. I would rule out pericardial effusion based on the radiographic findings and consider left sided congestive heart failure unlikely. However, since this is a Doberman, a cardiac echo should be considered regardless.

**DATE**

11-1-21

Differential diagnosis for the radiographic presentation of the lung includes infectious bronchopneumonia, eosinophilic bronchopneumopathy, and less likely atypical presentation of



**PATIENT**

Ben Snell

the cardiogenic pulmonary edema or noncardiogenic pulmonary edema such as acute respiratory distress syndrome.

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

MN

**AGE**

6 Years, 9 Months

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Albany Animal  
Hospital

**REFERRING VET**

Ken Fletcher, DVM

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.

**INVOICE**

48124

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

**DATE**

11-1-21

