



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Rexy Zapata  
**SPECIES** K9  
**BREED** Chihuahua Mix  
**AGE** 16 Years  
**SEX** MN  
**INTERPRETED BY** Nele Eley, DVM  
 Dr. med. Vet. DipECVDI  
**HOSPITAL NAME** DPC Veterinary Hospital  
**REFERRING VET** Dr. Rivera  
**INVOICE** 55014  
**DATE** 11-6-22

16 y 9 m Chihuahua Mix presented for heavy breathing becoming progressively worse since last visit. O reports it happens frequently in the middle of the night but also sometimes in the day. Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear AU. OU: lenticular sclerosis. No nasal discharge. No cough on tracheal palpation. Oral cavity: Severe dental tartar, moderate gingivitis, halitosis Musculoskeletal: BCS = 8/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Tense, painful at cranial abdomen. No obvious masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. Severe pain at TL junction. No CP deficits. Skin: ~2cm, soft, movable dermal mass at cranial aspect of L stifle. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

The degree of pulmonary inflation is moderate. A mild generalized bronchointerstitial lung pattern is noted. Occasional pulmonary osteomas are seen.

The cardiac silhouette presents within normal limits. The vertebral heart score is 9.5. The pulmonary vasculature is thin and non-congested.

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

Hepatic enlargement is noted accentuating the left division of the liver.

**RADIOGRAPHIC DIAGNOSIS**

- Normal age related findings of the thorax.
- Hepatomegaly with accentuation of the left division of the liver.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant bronchopulmonary changes, no radiographic evidence of cardiovascular pathology, and no tracheal abnormality were found radiographically that would explain the clinical signs. Systemic and neurologic disease are potential considerations that may contribute to the increased respiration rate and heavy breathing. Internal medicine and neurologic workup could be considered if not performed already.



**PATIENT**

Rexy Zapata

**SPECIES**

K9

**BREED**

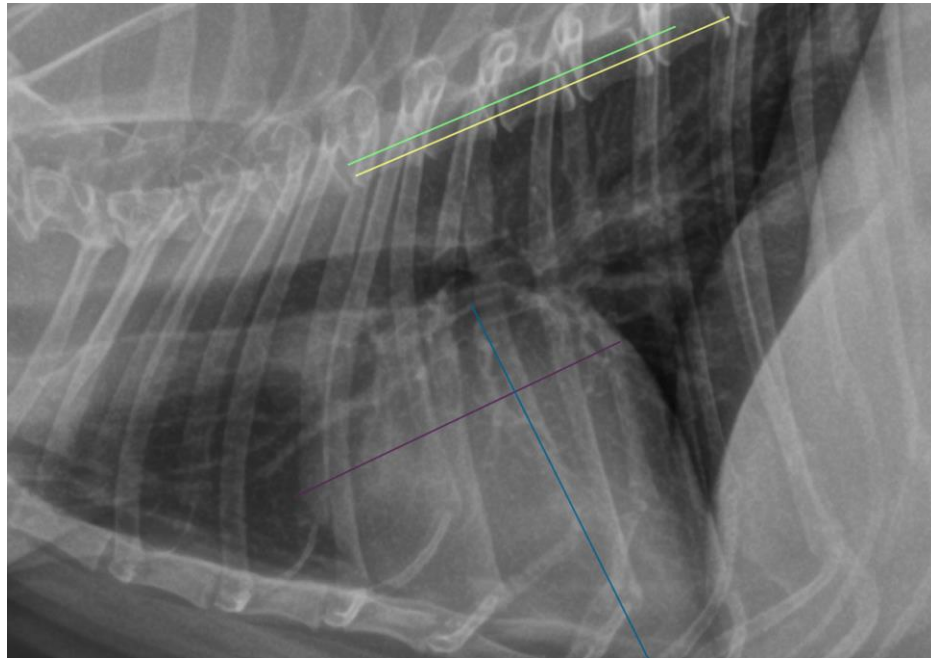
Chihuahua Mix

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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.

**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