



**PATIENT PRESENTING CLINICAL SIGNS**

Keely Hand  
 O stated pt did not want to move/ get out of bed this morning. Per o pt cried out a couple times when trying to be moved. O mentioned pt seemed to be walking with a hunched back stance. He did eat this am and did have two bm's-> owners unsure if formed or not. O mentioned he did get a bully stick last night. O also mentioned he was eating dirt and bird poop yesterday at the dog park. O mentioned she is concerned potentially about his joints. L hindlimb medial patellar luxation. No other abnormalities found during ROM, flexion or extension of any joint during PE. No spinal pain on palpation or neck pain with turning side to side or up & down. 1.) GHP-E: Unremarkable- everything within normal limits. Amylase slightly low at 460 U/L 2.) Abdominal radiographs: ~ 4 inches of formed feces noted in distal aspect of colon. Gas present throughout remaining intestinal tract. Bladder moderately sized with no obvious uroliths. Ingesta noted within the stomach. 3.) Thoracic radiographs: Trachea normal in appearance. Heart measuring 10-10.5 on VHS. Prominent bronchial interstitial pattern noted in all lung lobes. Suspected osteomas noted with one possible small granuloma or mass. -Recommended to owners to send out cocci titer. Pending results : possible add on radiology consultation and broad spectrum antibiotics ( baytril) 4.) Cocci titer- sent, pending results 5.) Sent O home with Rimadyl 25mg tablets: Give 1/2 tablet by mouth every 12 hours as needed for pain #7 tablets

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Male

**AGE**

7 Years, 6 Months

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Ahwatukee Commons  
 Veterinary Hospital

**REFERRING VET**

Becky R. Housley,  
 D.V.M

**INVOICE**

55800

**DATE**

12-22-22

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

Right/left lateral and ventrodorsal views of the thorax and right lateral and ventrodorsal views of the abdomen totaling 5 images available for review.

**RADIOGRAPHIC FINDINGS**

**Abdomen**

Number, alignment, and general anatomy of the lumbar vertebrae present within normal limits.

The coxofemoral joints present within normal limits.

The abdominal serosal detail is maintained.

The kidneys and urinary bladder present within normal limits.

No abnormalities of the liver and splenic head are noted.

The stomach is postprandial.

Mild small intestinal aerophagia with no evidence of abnormal dilation, plication, or radiopaque foreign material is seen.

**Thorax**

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits. The vertebral heart score is 10.



**PATIENT**

Keely Hand

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.

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The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

A mild generalized bronchial lung pattern is noted with even distribution throughout the lung.

**BREED**

Chihuahua

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

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

**SEX**

Male

**RADIOGRAPHIC DIAGNOSIS**

- Mild generalized bronchial lung pattern.
- Normal radiographic presentation of the cardiovascular system.
- Normal radiographic presentation of the abdomen and thoracolumbar spine.

**AGE**

7 Years, 6 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals a mild generalized bronchial lung pattern which may be within age related normal limits. Low grade irritant bronchitis, eosinophilic bronchopneumopathy or infectious bronchitis cannot be ruled out entirely. Correlation with the clinical findings recommended.

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There was no evidence of reduced serosal detail or organomegaly within the abdomen.

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The radiographic presentation of the thoracolumbar spine was within normal limits which does not rule out spinal pathology. Further definition by means of cross sectional imaging would be required in case of clinical spinal pain or neurologic deficits.

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**PATIENT**

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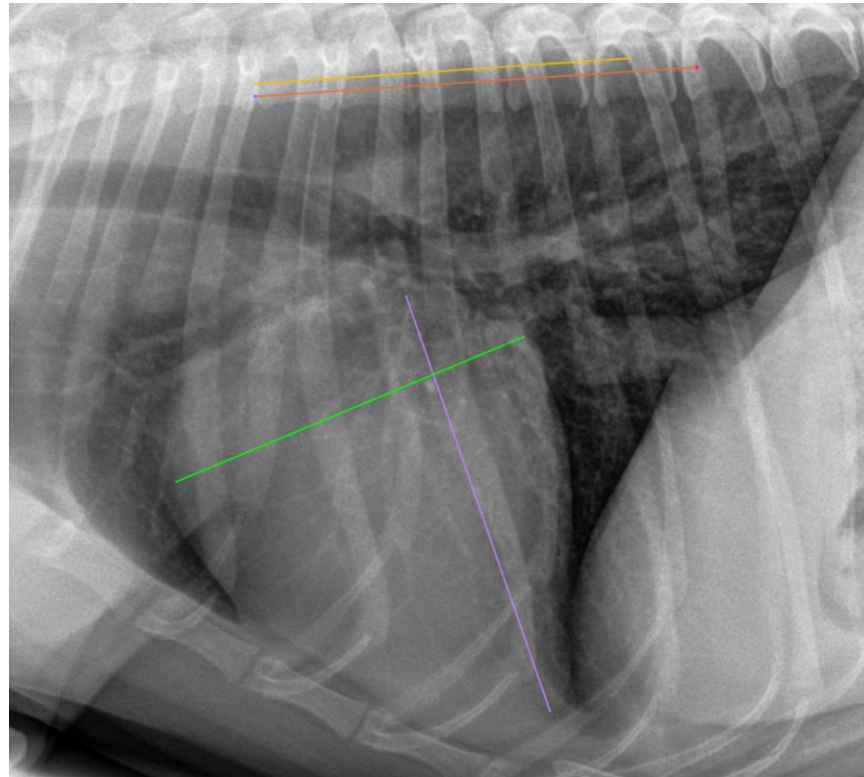
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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