



PATIENT

PRESENTING CLINICAL SIGNS

Blanquita Greenberg

Reason for Visit: NON-ANESTHETIC DENTAL History: PRIOR HX OF SEIZURES SO DOES NOT GIVE HWP/FLEA PREV. HAS NOT HAD A SEIZURE IN OVER 1 YEAR WITH NO TREATMENT NO COUGHING, NO SHORTNESS OF BREATH

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: NUCL SCL OU, EARLY IRIS ATROPHY OD DORSALLY. NO CATARACT SEEN Oral Cavity: MOD-HEAVY TARTAR Lymph Nodes: N Skin: N CV/Respiratory: 2/6 LEFT SYSTOLIC MURMUR, LUNGS CLEAR Abd/GI: N Uro/Perineum: N Musculoskeletal: N Neurological: N

BREED

Poodle Mix

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

SEX

SF

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

9 Years, 6 Months

The vertebral heart score is 10.5 which is within the upper reference range. No evidence of left atrial enlargement or cardiogenic pulmonary edema is seen. The pulmonary vasculature is thin. Mild increased sternal contact appears to be present; however, this may also be due to age related rotation of the cardiac axis.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

Redundancy of the cervical tracheal ligament and mild tracheal collapse level with the thoracic inlet are seen.

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The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

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

REFERRING VET

Dr. Feldt

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

Mild gastric aerophagia is noted.

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RADIOGRAPHIC DIAGNOSIS

- Redundant dorsal tracheal membrane/tracheal collapse.
- Normal age related presentation of the cardiac silhouette, lung, and bronchial tree.
- Aerophagia - likely due to general excitement.

DATE

12-3-21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic presentation of the cardiac silhouette is within normal limits; however, mitral



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valve degeneration or other cardiac pathology cannot be ruled out. There is no evidence of congestive heart failure. A more detailed assessment would require a cardiac echo which could be considered if indicated based on the clinical signs.

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The radiographic changes of the trachea suggest potential for dynamic tracheal disease which typically is secondary to chondromalacia. Clinical correlation is required in order to determine the significance of the radiographic changes.

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SEX

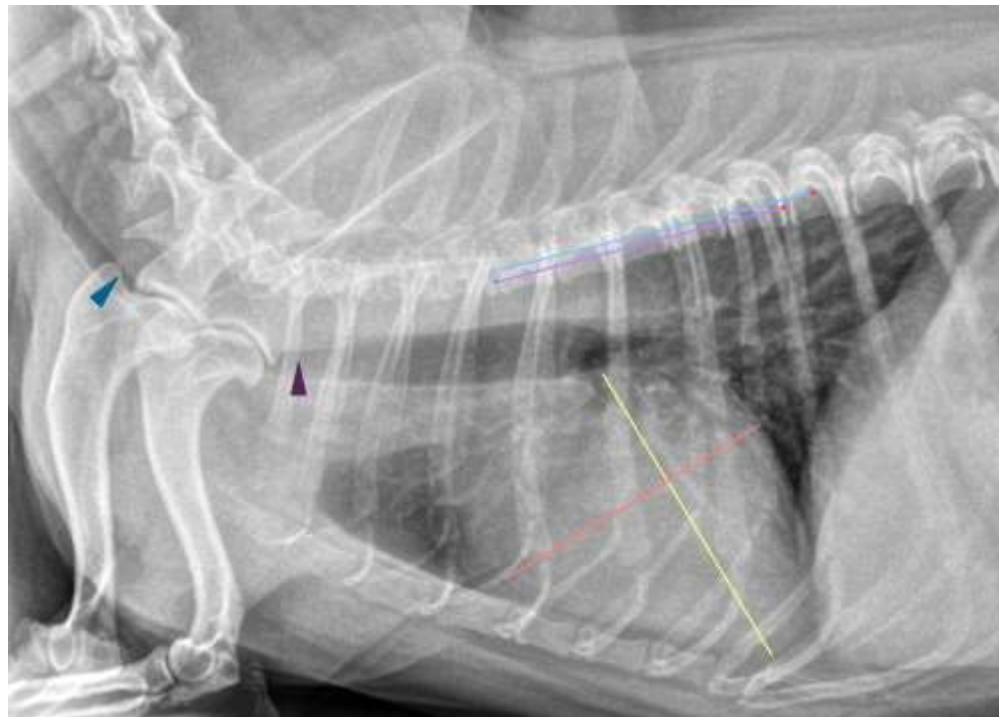
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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