



PATIENT PRESENTING CLINICAL SIGNS

Greta Rupley

BE SURE TO INCLUDE IN REPORT THAT THIS IS DR RUPLEY'S DOG PRESENTED FOR: Repeated retching, of approx 3 week duration. HISTORY OF: masticatory myositis based on biopsy 2011- has not needed treatment for this within the last 10 years. Recent diagnosis of hypothyroidism, and elevated urine:cortisol. 2/2/2021. Repeat senior abdominal ultrasound recommended. Senior Abdominal Ultrasound Screen FINDINGS: Multiple slightly hypoechogenic splenic masses of varying sizes noted on senior abdominal ultrasound AS PREVIOUSLY NOTED- None cause bulging of the capsule. PREVIOUS CYTLOGY REVEALED THIS TO BE extramedullary hematopoiesis, EMH AT THAT TIME. VITALS: 83.4 pounds Temperature: 101.7 Heart Rate: 100 bpm Respiratory Rate: 28 bpm Mucous Membrane Color: pink Capillary Refill Time:<2 CURRENT MEDICATIONS: Bravecto Generic Adequan Liver Adjunctive Just started thyroxine EXAM FINDINGS: Respiration appears normal. Normal bronchovesicular sounds are ausculted bilaterally. Normal breathing rate and depth present. No nasal discharge present. Body score 6/9 Dental disease Moderate nuclear sclerosis Weight bearing lameness of right rear leg (waxes and wanes, chronic osteoarthritis). LAB RESULTS: CBC results normal. Chemistry results reveal elevated alk phos at 378 -decreased from 666 on 11/1/21 (20-150) and low globulins. ALT has returned to normal (elevated 11/1/21). History from 11/1/2021: Chemistry-elevated alk phos and alt, with low globulins. Rx liver adjunctivex60d Urinalysis results reveal pH of 6.5 and Specific Gravity: 1.018. T4 is low at 1.21 (1.5 - 3.6); TSH is elevated at 0.573 ng/ml (< 0.40). UCCR Ratio is elevated at 13.0 (< 10 x 10 E-6). ASSESSMENT AND PLAN: Thoracic and abdominal radiographs, abdominal ultrasound, and barium swallow with radiographs performed. Low dose dexamethasone testing planned.

SPECIES

Canine

BREED

Boxer/Mix

SEX

Spayed Female

AGE

12 Years, 10 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Right/left lateral and ventrodorsal views of the thorax and abdomen, each, plain and with oral barium administration, available for review.

RADIOGRAPHIC FINDINGS

HOSPITAL NAME

All Pets Medical Center

Thorax

Spondyloses of the thoracic spine are seen between T3 and T4, T5 and T6, T7 and T8, T10 and T11, and T11 and T12. Benign new bone formation of the costochondral junctions is noted in all rib pairs.

REFERRING VET

Agnes Rupley, DVM

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 which is within normal limits for a Boxer.

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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.

No evidence of esophageal dilation is seen and there is no evidence of aspiration pneumonia.

DATE

12-8-21

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



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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.

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

Abdomen

BREED

Boxer/Mix

Severe spondyloses are present between T13/L1, L2/3, L3/4, and L6/7. Mild spondyloses are noted between L1/2.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

SEX

Spayed Female

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

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There appears to be moderate generalized enlargement of the spleen.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

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Nele Eley, DVM
Dr. med. Vet. DipECVDI

The stomach presents mild aerophagia on the plain studies. The intestinal passage of contrast media is not included in the study.

HOSPITAL NAME

All Pets Medical
Center

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Agnes Rupley, DVM

- Normal age related thorax without radiographic evidence of cardiovascular or bronchopulmonary pathology.
- Radiographically normal gastrointestinal tract except for mild aerophagia.
- Potential for splenomegaly.
- Multiple spondyloses.
- Prominence of the costochondral junctions.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The radiographic presentation of the thorax is within age related normal limits. The radiographic study of the abdomen suggests potential for diffuse splenomegaly. Correlate with the available ultrasonographic findings. Differential diagnosis includes idiopathic hypersplenism, congestion, extramedullary hematopoiesis, splenitis, diffuse infiltrative disease, and other. Fine needle aspiration results appear to be available.



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No evidence of esophageal dilation or aspiration pneumonia is noted. The bronchopulmonary structures present within age related normal limits.

There are no abnormal radiographic findings of the gastrointestinal tract.

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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.

AGE

12 Years, 10 Months

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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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HOSPITAL NAME

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REFERRING VET

Agnes Rupley, DVM

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DATE

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