



PATIENT PRESENTING CLINICAL SIGNS

Lincoln Blumert ~1-yr history of intermittent midnight "events" (approx once monthly on avg) - patient abruptly awakens in bed making a "hiccup"-like noise, followed by pawing at his neck/cervical region - O massages area x 5-30 min, signs subside then restart ~1 month later, dog is otherwise WNL. No hx cough, no current cough. Only other sig hx: ~1 yr ago, mandibular LN enlargement responsive to Clavamox course. (no dx.) Also concurrent intermittent gastroenteritis ~1 yr ago x 3 month duration.

SPECIES

K9

BREED

Chihuahua Mix

Abnormal PE/Chem/CBC/UA Results: Discomfort/whining upon palpation of medial cranial cervical. (No decreased cervical ROM upon flexion/extension/lateral.) Poss trace SQ cervical swelling, but also overweight (to obese) BCS. LN today WNL, no pain upon salivary palpation. (salivary glands symmetrical)

RADIOGRAPHIC STUDY OF THE THORAX & NECK

SEX

Male Neutered

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

AGE

7 Years

RADIOGRAPHIC FINDINGS

The patient is obese.

Neck

The radiographic presentation of the cervical soft tissues is considered within the expected limits.

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

Thorax

The surrounding bony structures are within normal limits.

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 9.

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.

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.

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

RADIOGRAPHIC DIAGNOSIS

- Radiographically normal age related thorax and neck.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Goorsky

INVOICE

50154

DATE

2-7-22



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic examination of the neck and thorax did not reveal evidence of structural pathology. No mass effects, organomegaly, masses, or nodules were identified. The presentation of the lung, bronchial tree, and cardiovascular system were all within the expected normal limits.

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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