



PATIENT PRESENTING CLINICAL SIGNS

Shadow Buzzeo

Reason for Visit: URINATING EVERYWHERE/ COUGHING History: 10 Y 11 M Pomeranian presented for having coughing episodes and urinating everywhere. pet went to a vet in south carolina 4 weeks ago and they gave him medications there hycodan & Temaril p. (DID HELP). Since pet arrived back in florida 4 weeks ago he was no longer having any issues with the urination. Finished Temaril-P over a week ago per owner. C/S/N/D: no s/v/d E/D/U/D: wnl/ today didnt eat Diet: did not ask FAS Score: 0 Current Medications (dose and frequency): 0 Heartworm Prevention / Flea Prevention: Simparica trio Known Allergies and Medical Conditions: trachea issues Microchip ID: 990000002272334 / No microchip

SPECIES
Canine

BREED
Pomeranian

SEX
NM

AGE
10 Years, 11 Months

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 12.30 lbs Temp: pass HR: 130 RR: 40 MM/CRT: <2 Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Adequate Mentation: BAREENT: Nuclear sclerosis OU. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Moderate dental calculus Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Grade 4/6 systolic murmur, crackles/wheezes ventral lung fields, pulses strong and synchronous, tachypnea but no dyspnea Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing: CBC/chem/UA-- Leukocytosis= 19.2k/uL (2.9-11.6) ALKP=264U/L (23-212) USG=1.033, pH=7.0, protein 100mg/dL with quiet sediment Thoracic radiographs: marked generalized cardiomegaly, apparent maintem bronchi collapse, alveolar/insertial pattern ventral left lung fields seen on in-house review--consult pending Findings/Assessment: Advised owner more suspicious of pneumonia/infectious pulmonary than CHF based on radiographs--will start abx while awaiting radiology consult Treatment Plan: Dispense Clavamox drops 1.3ml PO BID #1 bottle--advised if radiologist concerned re: pneumonia, may need 4 weeks of abx Will call with radiology consult when available.

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

HOSPITAL NAME

DPC Veterinary Hospital

RADIOGRAPHIC FINDINGS

Moderate left sided cardiomegaly with left atrial tenting is seen. The vertebral heart score is 12.1. The trachea is elevated. Bronchial splitting is noted.

REFERRING VET

Ward

The left lung presents moderate atelectasis with mediastinal shift towards the left side likely due to prior positioning of the patient in left lateral recumbency.

INVOICE

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A vascular lung pattern is noted. There also is a mild generalized bronchial lung pattern with mild peribronchial cuffing.

Esophageal aerophagia is noted.

DATE

2-8-23

Course and width of the trachea are considered within normal limits. There is no evidence of dynamic tracheal disease.

Multiple spondyloses and multifocal vertebral end plate sclerosis is seen throughout the cervical, thoracic, and lumbar spine.



PATIENT There is mild gastric aerophagia.

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RADIOGRAPHIC DIAGNOSIS

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- Moderate left sided cardiomegaly with no evidence of cardiogenic pulmonary edema.
- Partial atelectasis of the left lung.
- Vascular and bronchial lung pattern.
- Multiple spondyloses
- Aerophagia.

BREED

Pomeranian

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals moderate left sided cardiomegaly with significant left atrial enlargement. At this time, there is no evidence of congestive heart failure. Consider myxomatous mitral valve degeneration with chronic mitral valve regurgitation a primary differential diagnosis. Further definition by means of a cardiac echo could be considered if not performed already.

SEX

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The bronchial lung pattern may indicate the presence of coexisting lower airway disease such as eosinophilic / allergic bronchopneumopathy or infectious bronchitis which could explain the recent exacerbation of the clinical signs.

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Aerophagia is likely due to respiratory distress.

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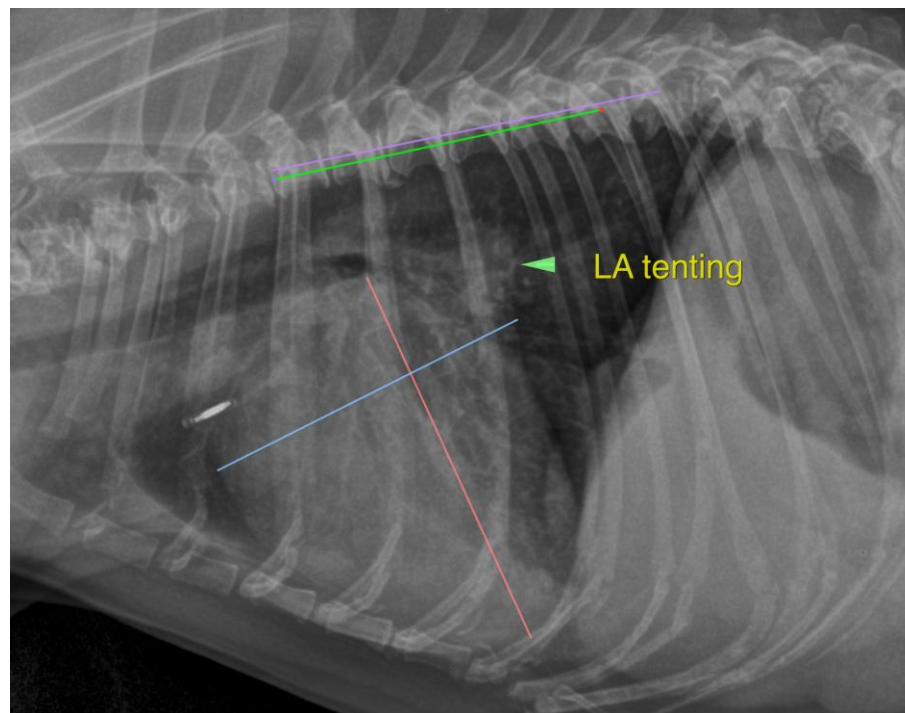
Ward

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PATIENT

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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.

SPECIES

Canine

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.

BREED

Pomeranian

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