



PATIENT

Peanut Zwonitzer

PRESENTING CLINICAL SIGNS

In September they got x rays of chest, saw enlarged heart. Was diagnosed with pulmonary hypertension . We gave her meds. P did well for a couple of months but started passing out again. When P walks she looks dizzy and off balance. Lately P has been sneezing a lot, it seems as though its hard for her to breath through her nose. Whenever O takes her outside or gets excited she has a hard time breathing through nose. It takes her a few minutes for her breathing to return to normal. She gags and coughs occasionally, usually once a day. P did not eat much yesterday, would only eat a hot dog which O gave her so she would take her meds. Has not had food or water since 11 PM last night. What is your pet's birth date or approx. age: 11 Is your pet on any medications (Vitamins, supplements): Yes: Sildenafil-0.5mg 2.5 tablets every 12 hours. When did your pet last get medications (If applicable): Last night Has your pet been vaccinated in the last 1-3 years: Yes Who is your primary veterinarian/clinic? Antelope animal hospital Has your pet traveled outside Utah within the last year: No Does your pet have any other current medical problems: No Is your pet indoor, outdoor, or both: Indoor What is your pet fed: Chicken and nutro soft food Any known allergies: No

SPECIES

Canine

BREED

Miniature Pincher

SEX

FS

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

Plain and post contrast studies available for review. Caudal portions of the caudal lung lobes not fully included in the study.

AGE

11

COMPUTED TOMOGRAPHIC FINDINGS

The patient is intubated.

The conformation of the external auditory meatuses and tympanic bullae is narrow.

No structural abnormality of the larynx is noted other than mild generalized swelling of the laryngeal soft tissues.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mountain West
Veterinary Hospital

There appears to be a patchy increase in interstitial pulmonary opacity which is evenly distributed throughout the lung. However, the assessment is limited due to the presence of one burnout artifact.

Mild generalized bronchial wall enhancement without obvious thickening of the bronchial walls is seen and considered within age related normal limits.

REFERRING VET

Jeff Simmons

No evidence of tracheal or bronchial collapse is seen.

The size of the right ventricle appears to equal the size of the left ventricle. The pulmonary artery is twice the diameter of the aorta.

INVOICE

50201

The mediastinal lymph nodes present within normal limits.

A 4mm sized gallbladder calculus is seen.

DATE

2-9-22



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary artery and right ventricular enlargement - supportive of cor pulmonale.
- Suspect interstitial pulmonary disease.
- Gallbladder calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with cor pulmonale. Late stage pulmonic stenosis and other cannot be ruled out entirely as a differential diagnosis. Correlate with the results of cardiac echo or repeat cardiac echo if no recent workup available.

The findings of the lung suggest presence of interstitial pulmonary disease. Interstitial pneumonia, pneumonitis, and early fibrosis are potential differential diagnoses. Diffuse interstitial infiltrative disease such as lymphoma and interstitial edema cannot be ruled out entirely but are thought less likely.





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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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