



**PATIENT**

Curly Dog Tales  
Rescue and Sanctuary

**PRESENTING CLINICAL SIGNS**

Hx heartworm disease, possible regurgitation, possible structure in esophagus on previous xrays, coughing episodes

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Mixed

**RADIOGRAPHIC FINDINGS**

Mild spondylosis deformans is seen between T13 and L1.

**SEX**

MN

The degree of pulmonary inflation is moderate. A mild generalized bronchial lung pattern with mild peribronchial cuffing is seen with caudodorsal accentuation.

The cardiac silhouette presents within normal limits. No obvious right heart enlargement or main pulmonary arterial enlargement is seen. There are no obvious signs for pulmonary arterial hypertension.

Course and width of the trachea present within normal limits.

**AGE**

5 Years

No evidence of foreign material or dilation of the esophagus is seen.

**RADIOGRAPHIC DIAGNOSIS**

- Mild bronchial lung pattern with caudodorsal accentuation.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax reveals a mild caudodorsally accentuated bronchial lung pattern. Differential diagnosis includes infectious bronchitis including parasitic such as heartworm, viral, bacterial, as well as eosinophilic bronchopneumopathy. Further definition by means of lower airway endoscopy with airway sampling and testing for heartworm according to the guidelines of the American Heartworm Society could be considered.

[www.heartwormsociety.org](http://www.heartwormsociety.org)

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Westgarth

**INVOICE**

51108

**DATE**

3-23-22



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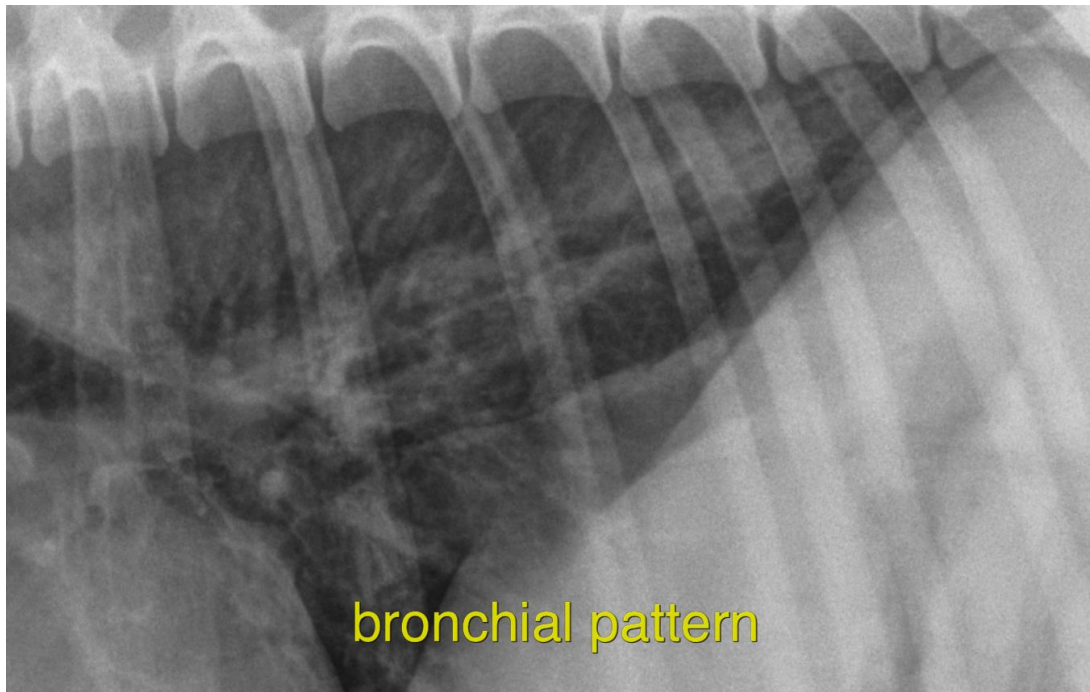
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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