



PATIENT PRESENTING CLINICAL SIGNS

Kugo Hughes

Kugo is 13 years old, and was presented a month ago with what appeared to be a pyoderma, presumed to be allergy based--extreme hives and erythema noted, as well as significant seborrhea. At the time he was noted to have lost a 1 kg, vs 2021 (but still chunky) and a grade 4-5/6 cardiac murmur was noted He was treated with apoquel, simplicef, and medicated shampoo--but had only a partial response. On recheck the owner mentioned that he is pu/pd (once he thought about it) for a while, and has been having a lot of gagging/coughing after drinking. An enlarged cranial abdominal mass effect was noted, murmur was unchanged. Lab screening revealed stage 3 renal (creat 3.2) with poorly concentrated urine. Tracheal dynamic compression, increased VHS--and possibly enlarged thoracic LN noted? Are these LN? Is this mass effect indeed splenic only?

SPECIES

Canine

BREED

Bichon X

SEX

Neutered Male

AGE

13

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: An enlarged cranial abdominal mass effect was noted, murmur was unchanged. Lab screening revealed stage 3 renal (creat 3.2) with poorly concentrated urine. Tracheal dynamic compression, increased VHS--and possibly enlarged thoracic LN noted? Are these LN? Is this mass effect indeed splenic only? Abdominal Radiographs -GIT largely empty -significant accumulation of stool in the colon -kidneys symmetrical and normal in appearance -no obvious narrowing of disc space or spondylosis. -no apparent organomegaly or mass effect noted. -no obvious obstruction, but cannot be conclusively ruled out based on pattern alone. Thoracic Radiographs. -cardiac silhouette normal in shape/size. -mild/moderate/extreme cardiomegaly noted. -no obvious sign of pulmonary edema, peri-hilar edema noted. -no obvious masses noted. General Screen: Geriatric Screen: GI Screen: Feline Screen: CBC: no significant irregularities/parameters within norm limits. CHEM: no significant irregularities/parameters within norm limits. Urinalysis: cystocentesis collection USG: pH: No blood/ketones/glucose on the dipstick. Trace protein on dipstick Sediment: -hematuria noted : mild moderate severe -pyuria noted: mild moderate severe -bacturia noted: mild moderate severe One species noted: rods cocci

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

HOSPITAL NAME

Right/left lateral and ventrodorsal views of the thorax and lateral and ventrodorsal views of the abdomen totaling 6 images available for review in jpeg format.

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Please consider submitting Dicom images to allow for optimal assessment including taking measurements.

REFERRING VET

Dr. Laurel Arvidson

RADIOGRAPHIC FINDINGS

Thorax

Mild left sided cardiomegaly with mild left atrial tenting is seen. No obvious bronchial splitting and no mass effect of the left atrium on the left mainstem bronchus is noted. There is no evidence of cardiogenic pulmonary edema.

INVOICE

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There is no evidence of a mediastinal mass or mediastinal lymphadenomegaly.

DATE

3-31-22

Moderate caudocervical tracheal collapse is seen on both lateral views.

The lung presents within age related normal limits.



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Abdomen

The urinary bladder presents within normal limits.

Mild generalized hepatomegaly is seen.

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The splenic tail is prominent without radiographic evidence of mass like enlargement.

The stomach presents a mild elementary pattern and mild aerophagia.

BREED

Bichon X

The small intestinal loops are turgid in appearance, however, nondilated and evenly distributed throughout the mid abdomen.

The colon contains a mild amount of fecal matter.

SEX

Neutered Male

RADIOGRAPHIC DIAGNOSIS

- Mild left sided cardiomegaly without evidence of congestive heart failure.
- Dynamic tracheal disease.
- Mild hepatomegaly.
- Potential mild splenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no evidence of mediastinal lymphadenomegaly or a mediastinal mass.

Mild left sided cardiomegaly with mild left atrial enlargement is seen, however, there is no evidence of cardiogenic pulmonary edema or pulmonary venous hypertension at this point.

Presence of dynamic tracheal disease should be noted.

Age related laxity of the hepatic ligaments may enhance the impression of hepatomegaly however metabolic/endocrine hepatopathy as well as diffuse inflammatory/infectious or neoplastic infiltrates cannot be ruled out entirely. Correlate with the laboratory values and consider ultrasound for further definition if indicated.

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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.

SPECIES

Canine

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