



PATIENT PRESENTING CLINICAL SIGNS

Maddie Cook for a few weeks (at least 2) Maddie has been coughing, fainted on her walk the other day, decreased exercise tolerance. eating less, soft stools
 Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: QAR EENT: lenticular sclerosis OU. AU clear, no debris. No cough on tracheal palpation. Oral cavity: marked periodontal disease- mobile teeth, calculus, halitosis Lymph Nodes: No peripheral lymphadenopathy. Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. history of multiple benign dermal masses CV/Respiratory: Normal heart rate and rhythm, grade IV/VI left systolic murmur, pulses strong and synchronous, increased/harsh referred airway noise, mild crackles in dorsal filds Abd/GI: Soft, non-painful, distended more than normal per o 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.

SPECIES

Canine

BREED

Yorkie

SEX

SF

AGE

13 Years

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
 Hospital

REFERRING VET

Cepero

INVOICE

51338

DATE

4-4-22

RADIOGRAPHIC STUDY OF THE THORAX

Right lateral and dorsoventral views totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

Mild bilateral shoulder osteoarthritis is seen.

Mild spondyloses are noted within the mid thoracic spine.

A small subcutaneous lipoma is seen ventral to the mid sternum.

The chest is expanded. The degree of pulmonary inflation is deep.

A mixed caudodorsal lung pattern with perihilar accentuation is seen.

There is moderate left sided cardiomegaly with left atrial tenting, bronchial splitting, loss of the caudal cardiac waist, and tracheal elevation. The vertebral heart score is 12.9. Dilation of the pulmonary veins is seen.

No significant tracheal collapse is noted.

There is no evidence of mediastinal widening.

There is moderate generalized enlargement of the liver with slightly rounded lobar margins.

The stomach is post-prandial.

RADIOGRAPHIC DIAGNOSIS

- Moderate left sided cardiomegaly with cardiogenic pulmonary edema.
- Hepatomegaly.
- Thoracic wall lipoma.
- Bilateral shoulder osteoarthritis.
- Spondyloses.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are compatible with left sided congestive heart failure. Consider myxomatous degeneration of the mitral valve with chronic mitral valve regurgitation a potential. Further definition by means of a cardiac echo is recommended in order to further verify the radiographic findings, stage the disease, and adjust the medial treatment accordingly. The use of diuretics appears to be indicated based on the radiographic changes.

Differential diagnosis for the hepatomegaly includes metabolic/endocrine hepatopathy, hepatitis, and diffuse neoplastic infiltrate. Correlate with the laboratory values and consider ultrasound as well as parenchymal sampling for further definition.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com