



PATIENT

Rufus Helston

PRESENTING CLINICAL SIGNS

Rufus is currently being treated for cushings, endocardiosis, hypothyroidism, a tracheal cough, diabetes, as well as dry eye/KCS and allergies. He has a persistant wbc elevation--moderate--and a recent CBC showed an increase in retics. He has known bladder stones and is not straining or having urinary issues--but a urine c/s is pending. The owner notes a worsening cough in the past few months--somewhat postural. Please advise if you feel changes are cardiac, or bronchial--or both. Although has had tracheal issues in the past, not obviously an issue today.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

BREED

Yorkshire Terrier

Right/left lateral and ventrodorsal views of the thorax and abdomen totaling 4 images available for review.

Thoracic read requested.

SEX

Neutered Male

RADIOGRAPHIC FINDINGS

Both elbow joints present moderate osteoarthritic changes.

AGE

11

An abundance of subcutaneous and mediastinal fat is seen.

The vertebral heart score is 10.5 which is just within the reference range. No specific chamber enlargement is noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The degree of pulmonary inflation is poor on all 4 available images. A diffuse increase in interstitial opacity appears to be present. No bronchial collapse is seen on the available images.

The cervical tracheal diameter varies slightly with mild dorsoventral flattening on 2 of the available images as well as mild redundancy of the dorsal tracheal ligament. The course of the trachea is within normal limits.

HOSPITAL NAME

Lacombe Veterinary
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No evidence of mediastinal widening is noted.

There appears to be moderate generalized hepatomegaly.

REFERRING VET

Dr. Laurel Arvidson

RADIOGRAPHIC DIAGNOSIS

- Poor pulmonary inflation with diffuse increase in interstitial opacity.
- Dynamic tracheal disease.
- Hepatomegaly.
- Obesity.
- Bilateral elbow osteoarthritis.

INVOICE

52076

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

5-11-22

The poor inflation of the lung may be a matter of timing of the exposure and respiratory cycle (expiratory views) which, however, is thought unlikely based on the width of the bronchi and number of images taken. The changes may well reflect actual reduction in pulmonary compliance secondary to interstitial lung disease with fibrosis. A full cardiac echo could be considered to screen for pulmonary hypertension and cor pulmonale in order to further verify the radiographic



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findings.

Rufus Helston

There is indication of dynamic tracheal disease which, however, may be mild. Correlation with the clinical findings is recommended.

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The hepatomegaly may represent metabolic/endocrine hepatopathy; however, hepatitis or a diffuse neoplastic infiltrate cannot be ruled out entirely. Correlate with the laboratory values and consider abdominal ultrasound and parenchymal sampling if indicated.

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REFERRING VET

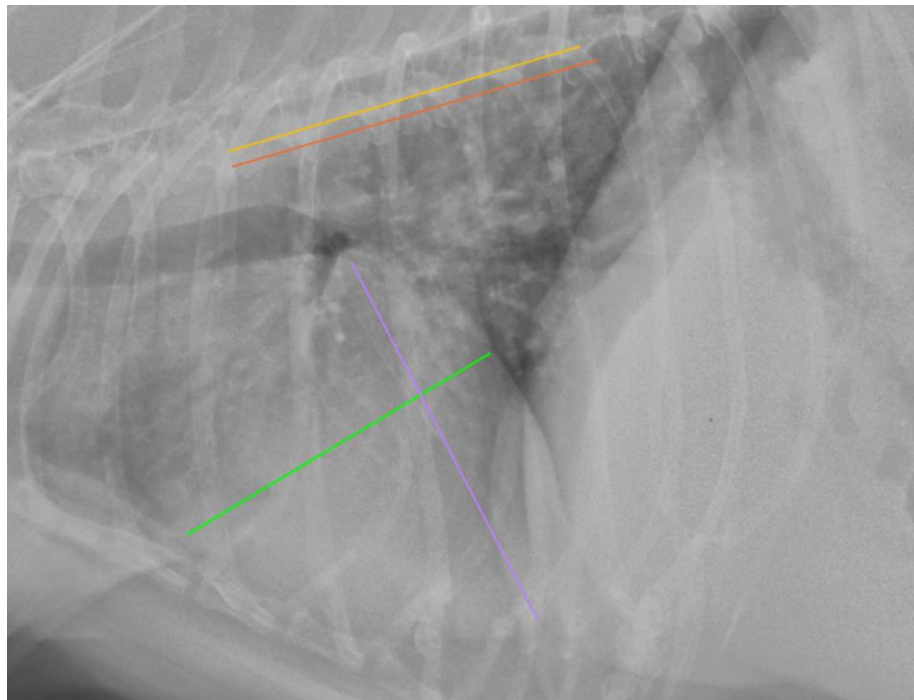
Dr. Laurel Arvidson

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