



PATIENT

Maverick Le Tellier

SPECIES

Canine

BREED

Great Pyrenees Mix

SEX

Neutered

AGE

1Y, 10M

WEIGHT

101lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDF

IMAGING PERFORMED BY

Allison

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

75056

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Got into some fertilizer while owners were gardening on Saturday. One was blood meal, another was nitrogen and then another one that was a mixed bag with different minerals in it. Only ate a small amount and hasn't done this before. Vomited Sunday and started acting off. He was panting and lip smacking and coughing occasionally.

Abnormal PE/Chem/CBC/UA Results: PE: Respiratory System: Lungs sound clear. No abnormal sounds on auscultation, no significant findings on radiographs, maybe a little cranial ventral consolidation but nothing significant Chem/CBC: Reticulocytes 9.8 K/uL, 10.0 - 110.0 K/μL Lymphocytes 0.93 K/uL, 1.05 - 5.10 K/μL Monocytes 2.38 K/uL, 0.16 - 1.12 K/μL Eosinophils 0.02 K/uL, 0.06 - 1.23 K/μL Chloride 108mmol/L, 109 - 122 mmol/L Amylase 2,402 U/L, 500 - 1,500 U/L Lipase 2,165 U/L, 200-1800 U/L

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 5 images available for review.

RADIOGRAPHIC FINDINGS

The cardiac silhouette is subjectively small in size. The VHS is approximately 8 consistent with mild microcardia.

The pulmonary vessels are mildly reduced in caliber, and the lungs appear mildly translucent. No focal pulmonary alveolar infiltrates or significant pulmonary consolidations are identified.

There is no evidence of aspiration pneumonia or other pneumonia seen.

No significant amount of pleural effusion can be identified.

The mediastinum is within normal limits.

There is no evidence of generalized or focal esophageal dilation identified.

Mild gas distention/aerophagia is present within the visible gastrointestinal tract.

RADIOGRAPHIC DIAGNOSIS

- Mild microcardia and pulmonary underperfusion: hypovolemia pattern.
- Mild gastrointestinal aerophagia.
- No evidence of aspiration pneumonia.
- No evidence of megaesophagus or other significant thoracic abnormality.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The small cardiac silhouette and mildly decreased pulmonary vascular volume may reflect relative hypovolemia/dehydration potentially related to vomiting and GI losses. No radiographic evidence of aspiration pneumonia or other significant structural pulmonary change is identified.

Mild aerophagia is nonspecific and may be associated with stress, panting, nausea, dyspnea, or GI discomfort.

Clinical monitoring for progression of respiratory signs is recommended. Repeat thoracic radiographs may be considered in 24-48 hours since early and mild aspiration changes may occasionally be radiographically occult, especially should coughing, tachypnea, fever, or respiratory distress develop.



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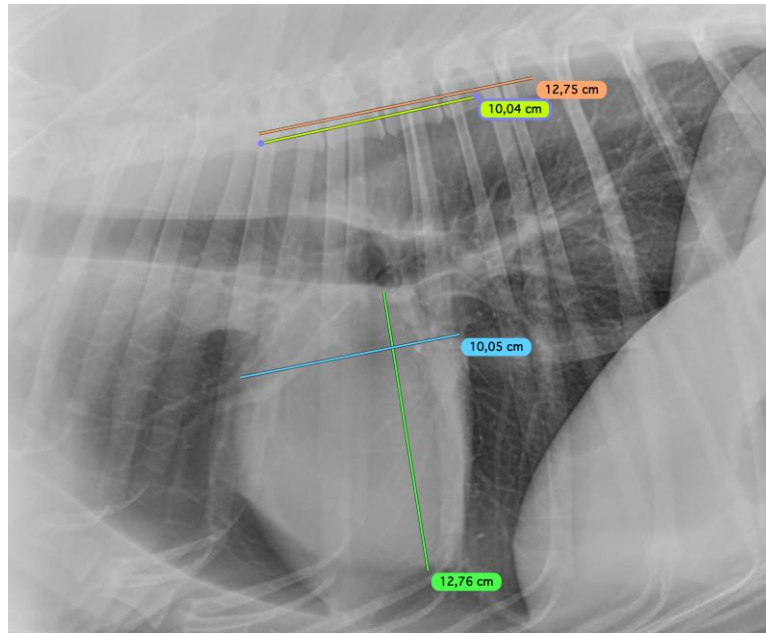
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka), DVM, Dr. med. vet., DipECVDI
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