



**PATIENT PRESENTING CLINICAL SIGNS**

**Camo Epps** Reason for Visit: General exam + ongoing cough History: 12yr 8m old M (in-tact) presented for a bi-annual exam. O says P has been slightly decreasing with mobility but sometimes will be out of breath. Upon entry to the hospital, P had a seizure in the lobby. P has been prescribed Rimadyl as needed for inflammation/pain - P has been needing this medication almost daily. P has an appt with a cardiologist next month. Cough noted in previous exams is still present. O says coughing is constant. P was previously prescribed Hycodan tablets - O says she doesn't remember whether this helped with cough. O is interested in sending out general BW. O is also wondering whether she should take x-rays today to have more recent images for cardiologist visit. HAD A SYNCOPAL EPISODE HERE IN THE LOBBY...COLLAPSED, LATERAL, MM PALE PINK, WAS BACK TO NORMAL AND POPPED BACK UP SECONDS LATER, NO POST ICTAL PERIOD, DID NOT GET STIFF/RIGID

**SPECIES** Canine

**BREED** Retriever Mix

**SEX** Male Intact

**AGE** 14 Years

**INTERPRETED BY** Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME** DPC Veterinary Hospital

**REFERRING VET** Dr. Feldt

**INVOICE** 51987

**DATE** 5-7-22

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: Nucl scl ou, normal cranial nerves Oral Cavity: mm pale pink moist Lymph Nodes: N Skin: N CV/Respiratory: No murmur, normal rhythm, lungs clear Abd/GI: N Uro/Perineum: N Musculoskeletal: marked muscle wasting rear legs, very painful on minimal ext of hips, no low back pain. Neurological: N

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

There are moderate to severe ventrally bridging spondyloses within the mid thoracic spine which are unlikely to be related to the reason of clinical presentation.

The extrathoracic soft tissues present homogeneous without abnormalities.

The vertebral heart score is 9.7. The cardiac silhouette is upright and thin. The pulmonary vasculature is thin as well.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

A moderate even bronchial lung pattern is seen with no evidence of peribronchial cuffing. Occasional age related pulmonary osteomas are noted.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**RADIOGRAPHIC DIAGNOSIS**

- Hypovolemia with microcardia and underperfusion of the lung.
- Normal age related bronchopulmonary findings.
- Spondyloses.



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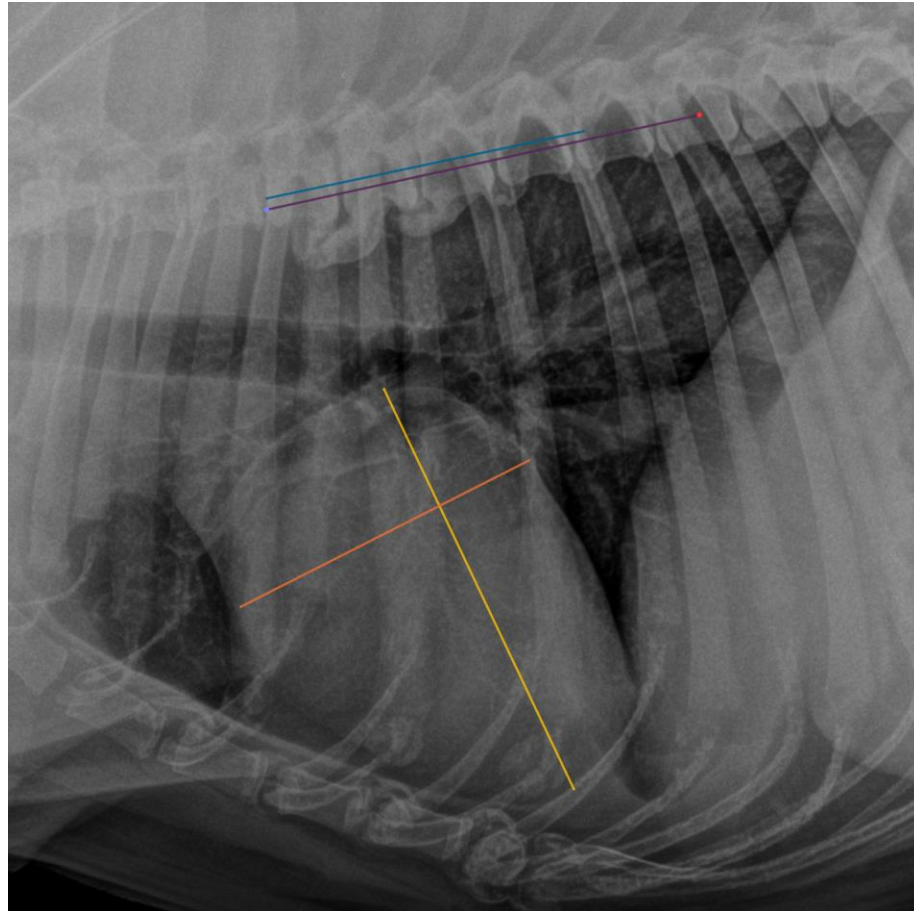
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax reveals no structural evidence of major bronchopulmonary or cardiovascular changes other than the suggestion of hypovolemia. The findings are considered within age related normal limits.



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