



PATIENT

Copper Meola

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

12 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Jaime Elia

INVOICE

52885

DATE

7-15-22

PRESENTING CLINICAL SIGNS

Nonstop hacking now with vomiting up water almost 24-7. No fever, started on clavamox, enrofloxacin, hydrocodone, cerenia, famotidine, today gave butorphanol to calm down. Will start IVF and start ampi IV and enrofloxacin IV. At this point on V/D looks like collapse? Should pet be transferred for O2 therapy despite normal gum color and oxygenation? Labs elevated BG (diabetic), otherwise normal. COMPARE TO RADS FROM 7/13

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

RADIOGRAPHIC FINDINGS

Thorax

Abundancy of mediastinal and peritoneal fat is seen.

The caudal cervical trachea presents mild collapse.

The degree of pulmonary inflation is poor on all available images. Far cranial excursion of the diaphragm is seen. The ribcage is expanded. Collapse of the right lung and hyperinflation of the left lung are seen on the ventrodorsal view. Cardiac shift towards the right side due to volume loss of the right lung is noted.

No evidence of cardiomegaly or specific chamber enlargement is seen. The caudal vena cava and pulmonary vasculature are thin. There is no evidence of a mediastinal mass effect.

Abdomen

Moderate generalized enlargement of the liver is present.

There is gastric aerophagia. The stomach appears to contain a mild to moderate amount of fluid as well.

The kidneys, urinary bladder, and intestines present within the expected limits.

RADIOGRAPHIC DIAGNOSIS

- Suspect upper airway restriction.
- Mild cervical tracheal collapse.
- Partial collapse/dyselectasis of the right lung.
- No radiographic evidence of cardiovascular pathology.
- Moderate hepatomegaly.
- Aerophagia.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings suggest presence of upper airway restriction which may be due to brachycephalic airway stenosis, laryngeal collapse, or other pathology in the upper airways.

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The collapse of the right lung may be secondary to positioning of the patient in right lateral recumbent position prior to obtaining the orthogonal view as the pulmonary compliance and intrapulmonary pressures can be reduced significantly with upper airway restriction. Other potential underlying causes of pulmonary dystelectasis include bronchial mucus plugging with inflammatory or infectious bronchopneumopathy. Gas exchange can be significantly reduced, and the patient is likely to benefit from passive oxygenation.

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Differential diagnosis for the hepatomegaly include metabolic/endocrine hepatopathy. An inflammatory/infectious or neoplastic infiltrate cannot be ruled out. Correlate with the laboratory values to determine the significance of the liver changes.

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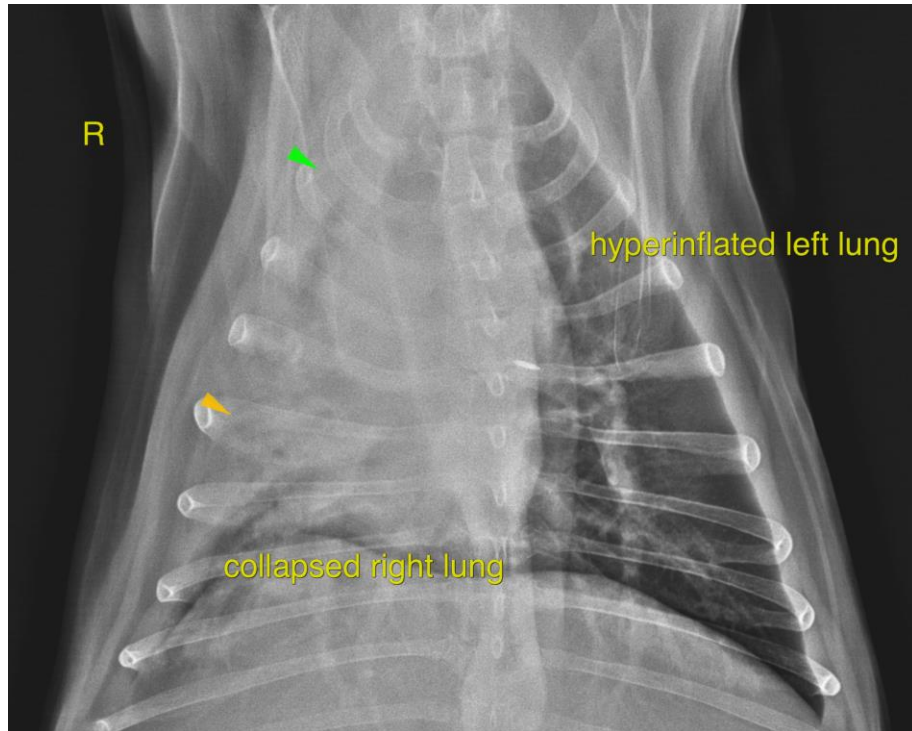
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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