



PATIENT PRESENTING CLINICAL SIGNS

Baxter Adams Auscultated chest - grade 3-4/6 heart murmur noted; diffuse crackles; P 120. Mildly increased RR & RE (30 br/min).

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

Canine Right lateral and ventrodorsal views of the thorax totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

BREED
Cocker Spaniel The patient's body condition score is excessive.

Course and width of the trachea are considered within normal limits.

SEX
MN The degree of pulmonary inflation is fair. A moderate generalized increase in bronchial wall opacity with peribronchial cuffing is seen resulting in a honeycombing pattern in the caudodorsal lung field. Multiple age related incidental pulmonary osteomas are seen.

The esophagus presents mild generalized dilation with gas.

AGE
14 Years The cardiac silhouette presents a steep caudal contour; however, bronchial splitting and/or tracheal elevation are not noted. The vertebral heart score is 9.6; reference range up to 10.5. There is no evidence of a vascular lung pattern or cardiogenic pulmonary edema.

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI Note the presence of mild elbow osteoarthritis.

RADIOGRAPHIC DIAGNOSIS

- Diffuse moderate active chronic bronchial lung pattern.
- Esophageal dilation
- Potential for mild left atrial enlargement with no radiographic evidence of cardiac volume overload.
- Obesity.

HOSPITAL NAME

Long Valley Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Lauren Semanchik

The main finding appears to be the presence of a generalized active bronchial lung pattern. Chronic active lower airway disease is considered likely. Differential diagnosis includes infectious bronchitis such as viral, bacterial, or parasitic as well as eosinophilic / allergic bronchopneumopathy. Further definition by means of airway endoscopy with airway sampling could be considered.

INVOICE

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The esophageal dilation is mild and may be secondary to aerophagia. Megaesophagus cannot be ruled out entirely. Clinical correlation is required and recheck radiographs could be considered.

DATE

7-17-23

The cardiac silhouette presents no overall enlargement. Emerging left atrial enlargement cannot be ruled out. However, there is no evidence of volume overload, cardiogenic pulmonary edema, bronchial splitting, or other causes of coughing. A full cardiac echo could be considered for a more detailed assessment if indicated.



PATIENT

Baxter Adams

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

AGE

14 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

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Hospital

REFERRING VET

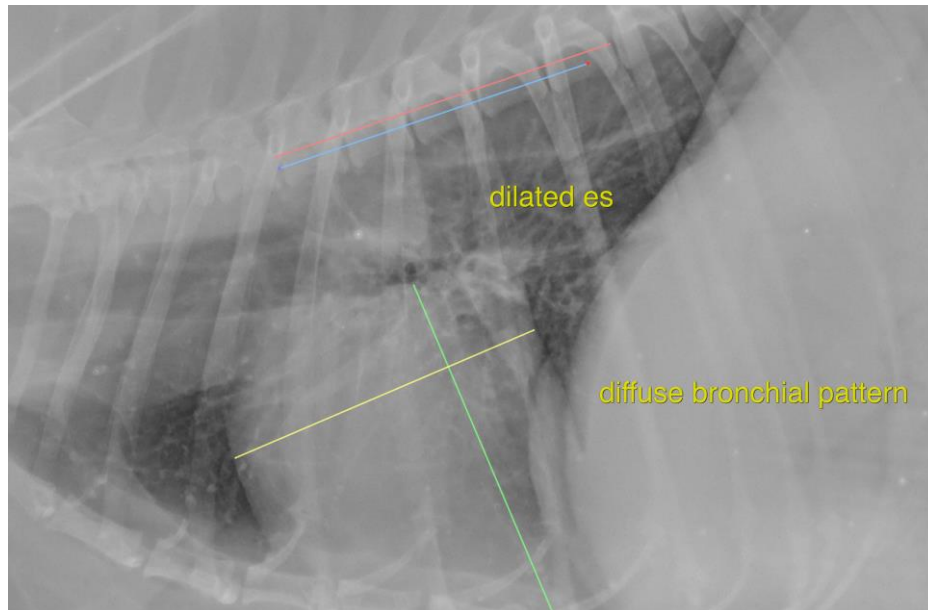
Dr. Lauren Semanchik

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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.

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