



PATIENT

Jasper Baker

SPECIES

Canine

BREED

Schnauzer

SEX

Male Neutered

AGE

4 Years, 10 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Ahwatukee Commons
Veterinary Hospital

REFERRING VET

Dr. Rebecca R.
Housley

INVOICE

52943

DATE

7-18-22

PRESENTING CLINICAL SIGNS

O noticed that Pt's breathing was very shallow since yesterday. Pt also seems very lethargic per O. O also says that Pt is very shaky. O mentioned yesterday he had an episode that appeared to be a seizure. Per o he was shaking for about 30 sec. No loss of bowels. O mentioned he hid afterwards. Per Dr. Housley - Bronchial pattern noted. Subjectively enlarged heart, with strenal border contact. No obvious masses noted. Trachea normal in size/appearance. Blood work ran in house - within normal limits.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits. The vertebral heart score is 10.3.

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.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

A mild generalized bronchointerstitial lung pattern is noted and considered within age related normal limits.

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

RADIOGRAPHIC DIAGNOSIS

- Normal age related radiographic presentation of the thorax.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no evidence of cardiomegaly, congestive heart failure, bronchopulmonary disease, or mediastinal mass effects.

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

Arrhythmogenic cardiac disease cannot be ruled out based on the radiographs, however, there is no evidence of cardiomegaly or specific chamber enlargement, nor of congestive heart failure and



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pathology outside of the thorax appears to be a primary concern in this patient.

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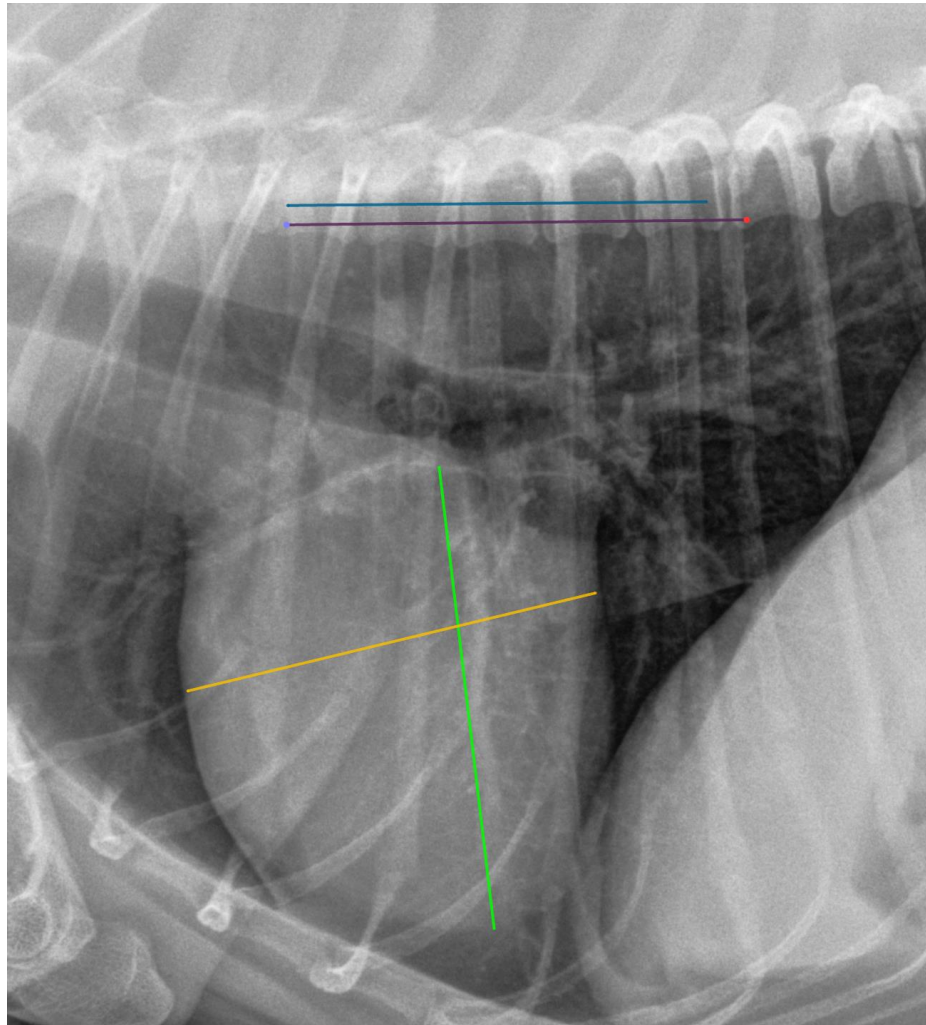
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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