



**PATIENT**

Finnegan Kliwer

**PRESENTING CLINICAL SIGNS**

past history of aspiration pneumonia and esophageal dysfunction issues/swallowing issues

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Standard Poodle

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**SEX**

MN

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 9.

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.

**AGE**

3

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

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

No evidence of esophageal dilation is seen. Mild upper esophageal aerophagia indicated by a tracheal stripe sign is seen.

At this time, there is no evidence of an alveolar pulmonary infiltrate. A mild generalized bronchointerstitial lung pattern is noted and considered within age related normal limits.

**HOSPITAL NAME**

Heartland Pet  
Hospital

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

**RADIOGRAPHIC DIAGNOSIS**

- No radiographic evidence of pathologic esophageal dilation.
- No radiographic evidence of aspiration pneumonia or other alveolar infiltrate.

**REFERRING VET**

Dr. Susan Kliwer

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic presentation of the thorax is within age related normal limits. No evidence of cardiomegaly, specific chamber enlargement, bronchopulmonary pathology, or esophageal dilation is seen. Esophageal and/or oropharyngeal dysphagia remain a potential.

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The mild upper esophageal aerophagia however is not necessarily pathologic per say and may simply be due to swallowing of air.

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7-19-22



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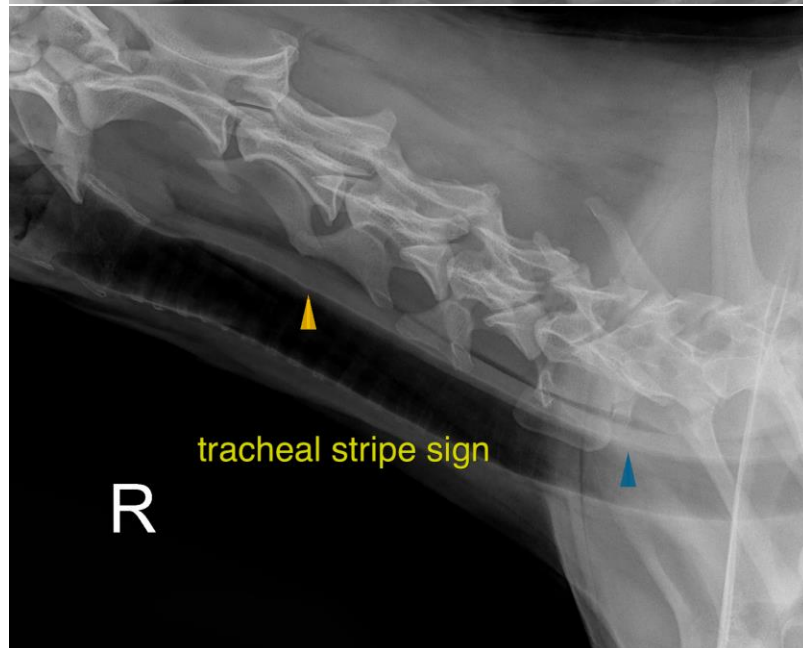
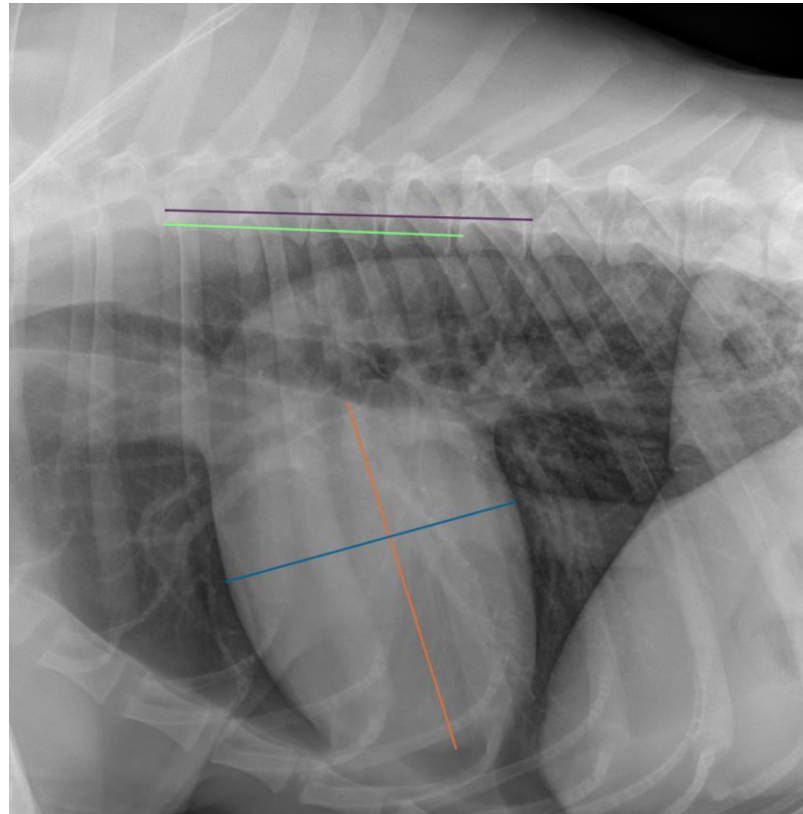
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Canine

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