



PATIENT

Little Bear Hewitt

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

North Idaho Animal
Hospital (VCA)

REFERRING VET

Dr. Jolee Stegemoller

INVOICE

53024

DATE

7-21-22

PRESENTING CLINICAL SIGNS

History: C1 valvular dz, CHF, recent presentation to ER for probable syncopal events
Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: hx of elevated ALP;
recheck CBC/chem/UA/lytes sent out to reference laboratory Other diagnostics available (ie.
Blood pressure, radiographs, etc): recheck echocardiogram sent for Sonopath interpretation avg
BP 118/83 MAP 91 HR 146 Abnormal physical exam findings: 5/6 murmur PMI region mitral
valve but audible throughout, increased lung sounds esp dorsally, poss slight abd distension
Primary reason for ultrasound referral: Monitor progression of cardiac dz/function with view to
adjust medication

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The chest is mildly expanded.

Tracheal elevation due to basico-apical enlargement of the cardiac silhouette is seen. The vertebral heart score is 12.4. Left atrial tenting with loss of the caudal cardiac waist and a double opacity sign in the orthogonal view is noted. No significant bronchial splitting is seen. The pulmonary vasculature presents within normal limits. There is no evidence of cardiogenic pulmonary edema.

The lung and bronchial tree present within age related normal limits.

No evidence of abnormal mediastinal widening is noted.

The width of the trachea is within normal limits.

Note the presence of osseous remodeling of the articular margins in both shoulders as well as spondylosis deformans within the mid and caudal thoracic spine and thoracolumbar junction.

Presence of mineral opaque material is noted within the gastric pylorus.

Consider the presence of lobar enlargement of the liver versus cranial position of the splenic tail.

RADIOGRAPHIC DIAGNOSIS

- Left sided cardiomegaly with radiographically moderate left atrial enlargement and no radiographic evidence of cardiogenic pulmonary edema.
- Bilateral shoulder osteoarthritis.
- Spondylosis deformans.
- Hepatomegaly versus cranial position of the spleen.
- Oral intake of mineral foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals no evidence of congestive heart failure. No cardiogenic pulmonary edema is seen under the current medication. Correlating the radiographic findings



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with the results of the echocardiogram and ECG is crucial for the further investigation of other potential causes of the syncopic event.

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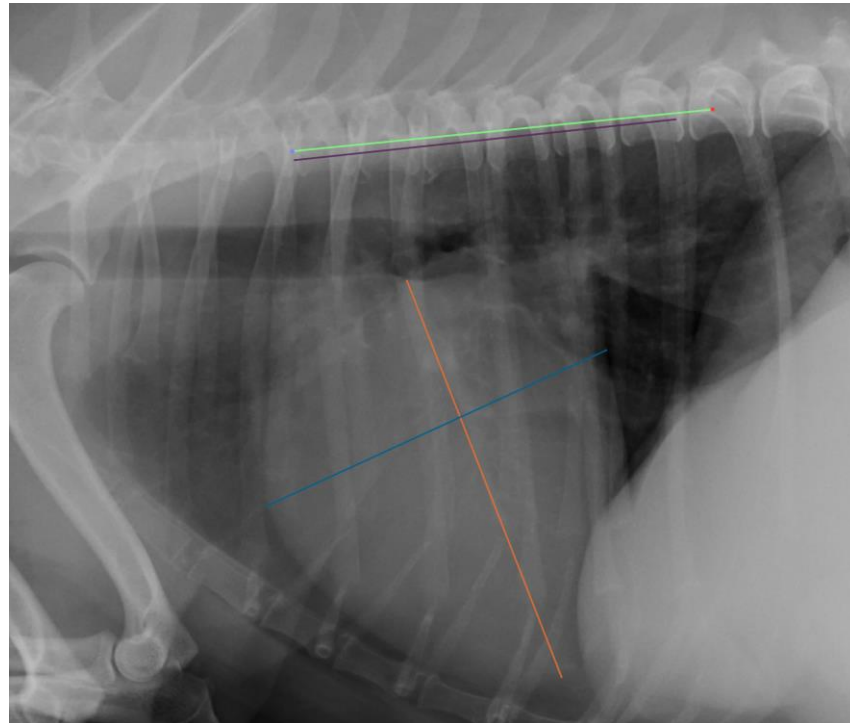
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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Nele.Eley@sonopath.com

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