


**PATIENT PRESENTING CLINICAL SIGNS**

King Fonseca 2 weeks now, more tired, gagging/cough painful for P O tried brushing teeth 2 weeks ago, P yelped, P has never done that before urine is cloudy as of yesterday not eating much, only eating when P is really hungry, even that is painful for the P to eat, soft food has not defecated much due to not eating P did defecate today a normal amount O did try boiled chicken, 1st time was ok, 2nd time P cried a bunch drinking a lot of water ate grass a couple times back legs have been giving out

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**
**BREED**

Right lateral and ventrodorsal views of the thorax and abdomen respectively, totaling 4 images available for review.

 Mini Doberman  
 Pinscher

**RADIOGRAPHIC FINDINGS**
**Thorax**
**SEX**

Mild osteoarthritis of the one shoulder seen in the lateral view is present. There are moderate spondyloses in the caudal thoracic and cranial lumbar spine.

Neutered Male

**AGE**

The cardiac silhouette presents moderate generalized enlargement with increased sternal contact, mild tracheal elevation and loss of caudal cardiac waist due to left atrial tenting. Vertebral heart score is 11.6 with upper reference of 10.5. There is no evidence of pulmonary vascular dilation or caudal vena cava dilation at this point, and no evidence of hepatomegaly or cardiogenic pulmonary edema.

16 Years

The radiographic presentation of the lung and bronchial tree is considered within age related normal limits. No evidence of mediastinal lymphadenomegaly or other mediastinal widening.

**INTERPRETED BY**
**Abdomen**

 Nele Eley (Ondreka),  
 DVM Dr. med. vet.,  
 DipECVDI

The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position and size and presents uniform opacity.

**HOSPITAL NAME**

Animal Paradise

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape, and opacity.

The left kidney presents within normal limits. The right kidney is not seen, presumably due to superimposition with the gastrointestinal tract.

**REFERRING VET**

Dr. Hellwarth

The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

The stomach is in its anticipated position and presents normal content.

**INVOICE**

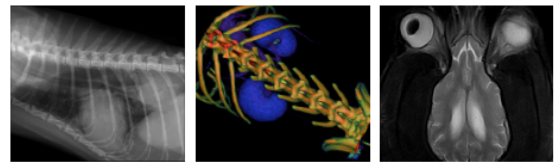
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The small intestinal loops are of even diameter and non-dilated. A small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

**DATE**

8/13/21



**PATIENT RADIOGRAPHIC DIAGNOSIS**

- King Fonseca
- Moderate generalized cardiomegaly without radiographic evidence of congestive heart failure
  - Radiographically normal abdomen
- SPECIES**
- Spondyloses in the caudal thoracic and cranial lumbar spine

Canine **INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Mini Doberman Pinscher

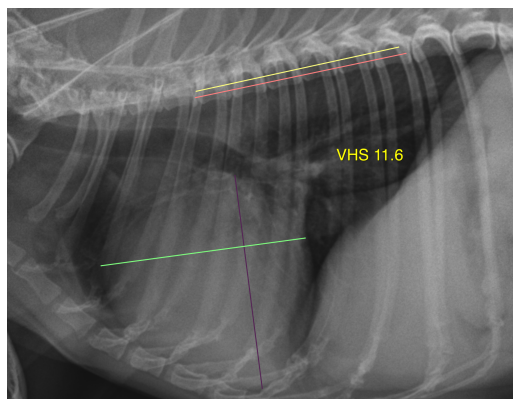
The main finding is the presence of moderate generalized cardiomegaly. There appears to be both left and right heart enlargement. No evidence of cardiogenic pulmonary edema or right-sided congestive heart failure is seen at this point. Potential underlying causes include dilated or other cardiomyopathy as well as chronic valvular endocardiosis with mitral and tricuspid valve regurgitation. Consider a full cardiac echo for detailed assessment and staging of the cardiac function and to adjust the medical treatment accordingly.

**SEX**

Neutered Male

**AGE**

16 Years



**INTERPRETED BY**

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

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

**HOSPITAL NAME**

Animal Paradise

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.

**REFERRING VET**

Dr. Hellwarth

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
Nele.Eley@sonopath.com

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