



PATIENT

Miss Molly Harder

SPECIES

Canine

BREED

Labrador Retriever X

SEX

FS

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Sylvan Lake
Veterinary Clinic

REFERRING VET

Dr. Sandy Jameson

INVOICE

53545

DATE

8-17-22

PRESENTING CLINICAL SIGNS

Still coughing some but less than previously. Reassess chest rads- has her VHS changed/chest architecture since Feb.

Abnormal PE/Chem/CBC/UA Results: Heart murmur is static since February at grade III. No changes over lung auscultation. Increased fat layer over thorax noted on chest rads, despite similar weight

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review. Compared with prior study dated February 2022.

RADIOGRAPHIC FINDINGS

Progressive generalized enlargement of the cardiac silhouette with a vertebral heart score of 12.4 is seen. There is no evidence of a vascular lung pattern. The basico-apical enlargement of the cardiac silhouette appears to be not significant. Rounding of the right ventricle is noted.

The degree of pulmonary inflation is fair on all available images. A moderate generalized interstitial lung pattern with bronchial component is seen.

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

The patient is obese.

RADIOGRAPHIC DIAGNOSIS

- Progressive cardiomegaly with no evidence of congestive heart failure.
- Progressive bronchointerstitial lung pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study suggests progressive cardiac enlargement with predominance of right sided cardiomegaly. Consider cor pulmonale, pulmonic stenosis, cardiomyopathy, and other differential diagnoses as potential underlying causes. The presence of pulmonic hypertension should be ruled out. A full cardiac echo is recommended as well as lower airway endoscopy with airway sampling in order to further determine the cause of the bronchopulmonary changes. Differential diagnosis includes eosinophilic/allergic bronchopneumopathy, infectious bronchitis including viral, bacterial, and parasitic, as well as emerging interstitial fibrosis.



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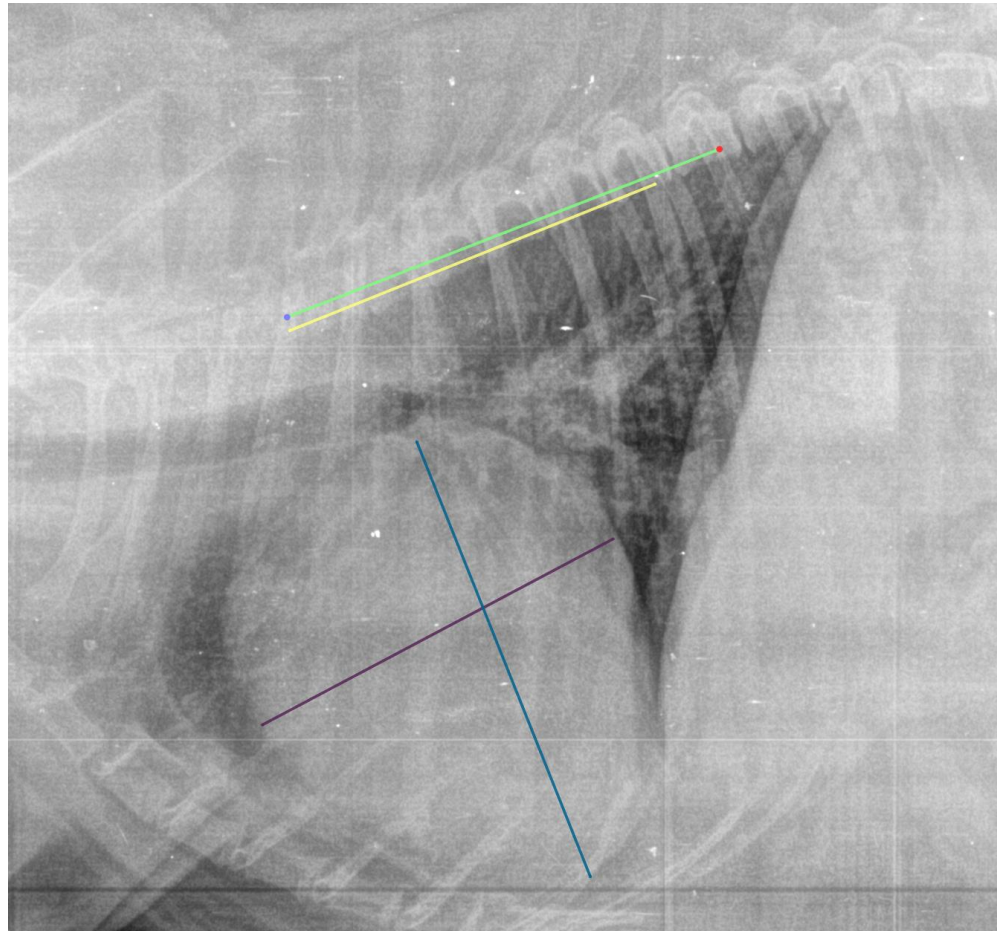
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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