



PATIENT

Olivia Fetters

PRESENTING CLINICAL SIGNS

in the last year, has developed seizures - seemed to have coughing associated with the seizures. Now coughing even when there are no seizures. Not clear if the coughing is related to grade. Echocardiogram done in April indicated that there is heart disease = chronic degenerative valve disease - but not to a degree to likely cause cough? But dog's cough is now progressing. Dog is also hard to medicate. Only receiving Hydrocodone syrup currently. Please evaluate and let us know if you think the cough is more heart related or bronchitis related??
Abnormal PE/Chem/CBC/UA Results: No significant abnormalities on CBC or chemistry ran just a week ago

SPECIES

Canine

BREED

Pug

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

Spayed Female

RADIOGRAPHIC FINDINGS

The patient is mildly obese.

AGE

12 Years

T6/7 vertebrae are shortened with mild wedge shaped deformity. Ventrally bridging spondyloses are seen.

Multiple skin folds are seen in the neck.

Mild focal narrowing of the post-laryngeal trachea appears to be present. Course and width of the remainder of the trachea present within breed related normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The degree of pulmonary inflation is fair. A moderate generalized bronchial lung pattern with mild peribronchial cuffing is seen and accentuates the caudodorsal lung field.

HOSPITAL NAME

Q Street Animal
Hospital

There appears to be mild generalized cardiomegaly with no specific chamber enlargement and no significant bronchial spitting is seen. The vertebral heart score is beyond 11, however, measurements are inconsistent owing to the presence of mid thoracic vertebral malformation.

No evidence of abnormal widening of the mediastinum is noted.

REFERRING VET

Bretschneider

The liver margins are slightly beyond the costal arch but pointed.

The stomach is post-prandial.

RADIOGRAPHIC DIAGNOSIS

INVOICE

47122

- Moderate active bronchial lung pattern with caudodorsal accentuation.
- Mild unspecific cardiomegaly without evidence of congestive heart failure and without evidence of bronchial splitting.
- Mid thoracic congenital vertebral malformation without vertebral canal stenosis.
- Mid thoracic spondyloses.

DATE

8-24-21



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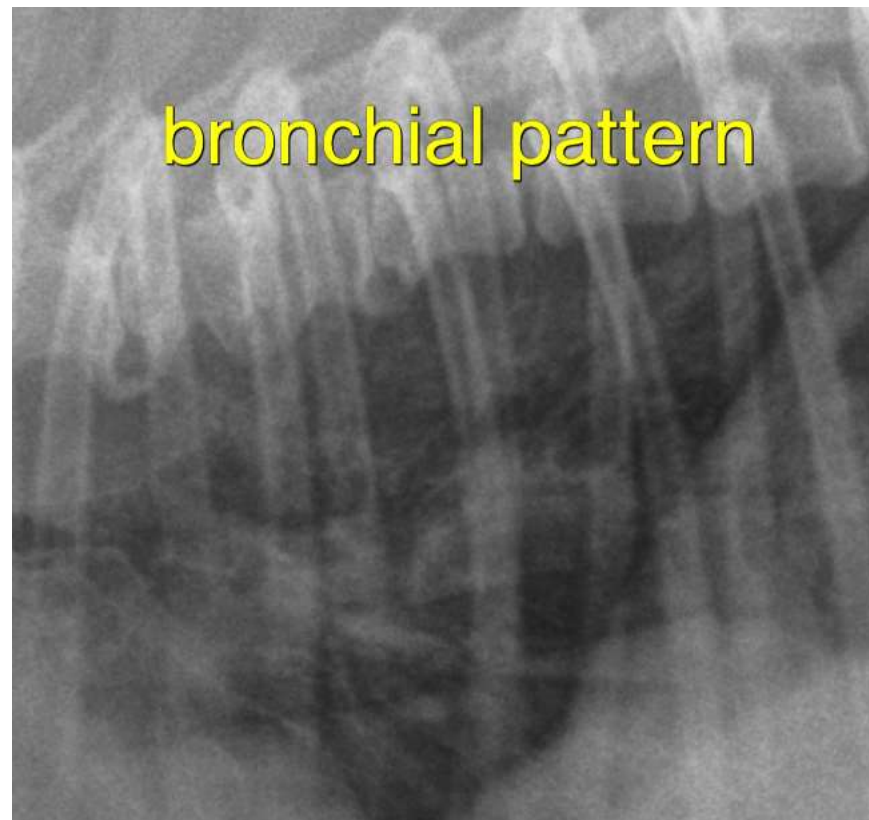
47122

DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the radiographic study, bronchopneumopathy is considered to represent the cause of the coughing. Differential diagnosis includes irritant/eosinophilic bronchopneumopathy with infectious bronchitis such as viral, bacterial, parasitic, or protozoal being considered less likely. Based on the chronicity, the presence of impaired mucociliary clearance is a potential which may predispose to perpetual inflammation or superinfection.



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.

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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