



PATIENT

Marley Mainard

PRESENTING CLINICAL SIGNS

P presents for coughing. P has hx of heart murmur and seizures. CV/Respiratory: Normal heart rate and rhythm, murmur 4/6 , normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: UNABLE TO CHECK AGGRESSIVE!! Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N hydration Rectal: No masses, normal stool, no bleeding

SPECIES

Canine

BREED

Terrier Mix

RADIOGRAPHIC STUDY OF THE THORAX

Right lateral and ventrodorsal views totaling 2 images available for review.

SEX

Neutered Male

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

12 Years, 11 Months

No significant cardiomegaly and no specific chamber enlargement is seen except for mild loss of the caudal cardiac waist. The vertebral heart score is 10. There is no evidence of cardiogenic pulmonary edema or pulmonary venous congestion.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

Course and width of the trachea are considered within normal limits. Minimal redundancy of the dorsal tracheal ligament is seen in the cervical area. No evidence of tracheal collapse is noted.

HOSPITAL NAME

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There is a moderate generalized bronchial lung pattern with mild peribronchial cuffing and multifocal mild cylindrical bronchiectasis.

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

REFERRING VET

Torres

RADIOGRAPHIC DIAGNOSIS

- Moderate active chronic bronchial lung pattern with bronchiectasis.
- No radiographic evidence of cardiac disease that could be associated with the clinical signs of the patient.

INVOICE

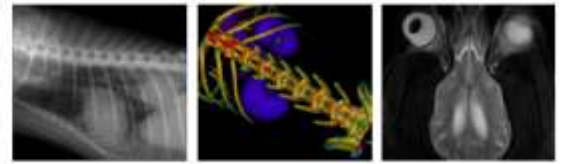
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic presentation of the cardiac silhouette is within normal limits. Mild/early left atrial enlargement cannot be ruled out entirely; however, no overall enlargement of the cardiac silhouette is seen and there is no evidence of bronchial splitting or pulmonary venous congestion. Based on the radiographic presentation, it is considered highly unlikely that the coughing is cardiac in origin. Significant enhancement of the bronchial walls is seen as well as peribronchial infiltrates and mild multifocal cylindrical bronchiectasis. The findings are compatible with chronic

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lower airway disease. Part of the changes such as the bronchiectasis may be irreversible and associated with decreased mucociliary clearance rates which can predispose to recurrent inflammation and superinfection. General differential diagnosis includes eosinophilic / allergic bronchopneumopathy versus infectious bronchitis such as viral, bacterial, parasitic, or protozoal. Consider airway endoscopy and airway sampling for further definition.

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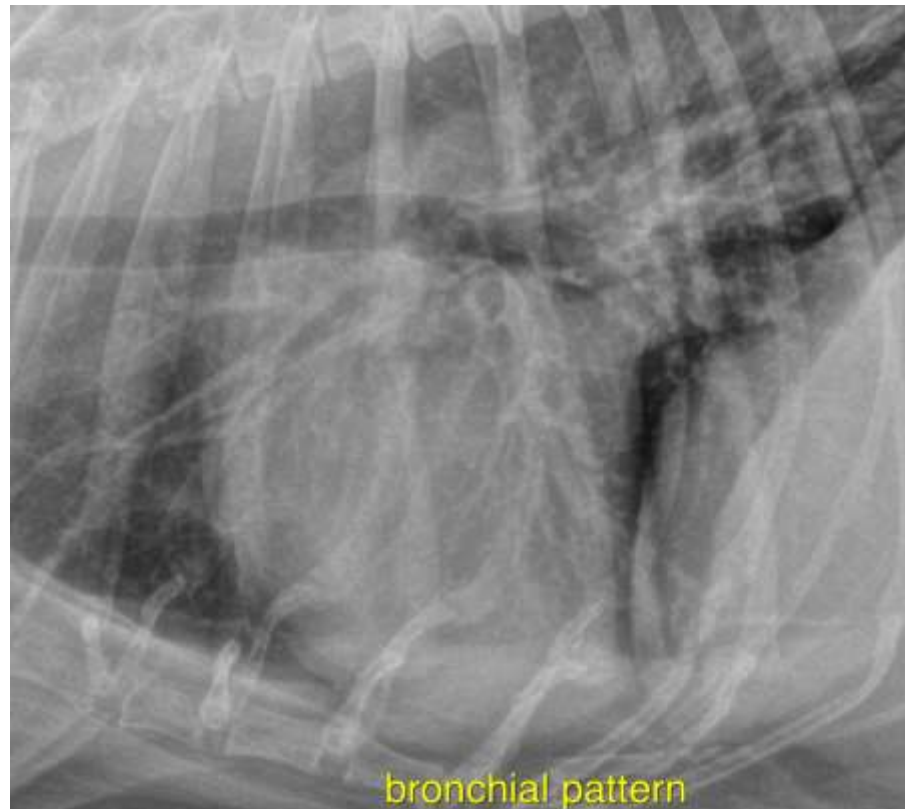
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INVOICE

47554

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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