



PATIENT PRESENTING CLINICAL SIGNS

Doxie Nolet

SPECIES

Canine

BREED

Dachshund

SEX

SF

AGE

11 Years, 7 Months

Reason for Visit: COUGHING History: P DUE FOR CYTOPOINT. P BEEN COUGHING FOR A YEAR ESPECIALLY WHEN PULLING ON LEASH SOMETIMES COUGHS UP CLEAR DISCHARGE HAPPENS WHEN NOT ON LEASH SOMETIMES WAKES UP IN MIDDLE OF NIGHT COUGHING. O NOTICED DISCHARGE FROM VULVA O JUST NOTICED IN LOBBY O STATES P BEEN LICKING THAT AREA. NO OTHER CONCERNS.

Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; nuclear sclerosis OU; very mild debris AD, no debris AS; No cough on tracheal palpation. Oral Cavity: mild dental tartar present - face shy Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Pruritic. CV/Respiratory: Grade 3/6 murmur, no crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate UA (voided) - SG 1.021, suspect cocci, possible rods

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review. Right / left lateral and VD views.

RADIOGRAPHIC FINDINGS

The trachea is normal.

A mild to moderate bronchial pattern is noted throughout the lung lobes.

No evidence of soft tissue opaque pulmonary nodules or abnormal intrathoracic lymph nodes.

The cardiac silhouette spans approximately 60% of the thoracic width and is mildly convex in the left atrial lateral contour (VHS= 10.5; LVAS = 2.0). The pulmonary vasculature is normal.

The pleural space and mediastinum are normal.

The thoracic wall and ribs are normal.

The stomach is moderately distended, contains gas admixed with heterogeneous soft tissue ingesta material, which redistributes with the patient's position.

The caudoventral margins of the hepatic silhouette are elongated and convex in peripheral contour.

The remainder of the collimated abdomen is normal.

The musculoskeletal structures are unremarkable.

INVOICE

56507

DATE

2-1-23

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. White



PATIENT **RADIOGRAPHIC DIAGNOSIS**

Doxie Nolet

- Mild generalized bronchial lung pattern, differential diagnosis includes lower airway disease such as allergic versus infectious bronchitis (e.g., bacterial, viral, less likely parasitic).
- Mild compensate left sided cardiomegaly.
- Mild hepatic enlargement secondary to metabolic (e.g., hyperadrenocorticism, diabetes mellitus), inflammatory, less likely infiltrative disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary radiographic findings are correlated to the patient’s history of coughing. Medical therapy is suggested. If the patient does not improve, a bronchoalveolar lavage may be useful in obtaining samples for cytology, culture, and sensitivity.

The left-sided cardiomegaly in combination with the cardiac murmur is likely a sequela to myxomatous mitral valve degeneration and secondary mitral valve insufficiency. No evidence of decompensated cardiac disease. This patient's vertebral left atrial size (VLAS) is borderline. A cardiac echo can be used for further assessment of cardiac chamber size and function.

The caudal abdominal portion is not collimated on the exam; therefore, the uterus region was not evaluated.

An abdominal ultrasound may be useful to evaluate the reproductive tract, and liver for better analysis of the internal parenchyma, especially if any laboratory abnormalities were detected.

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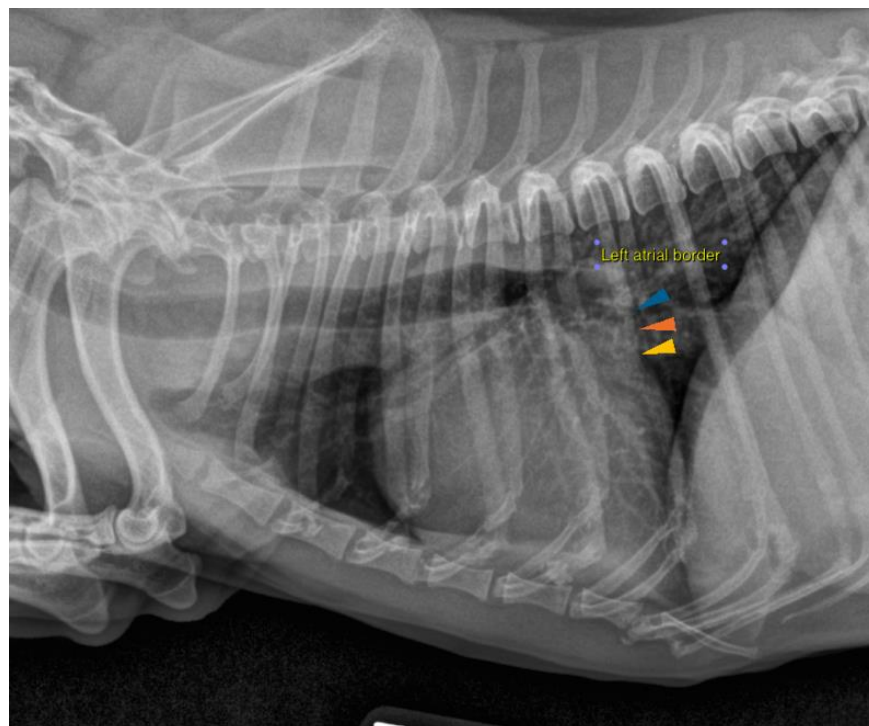
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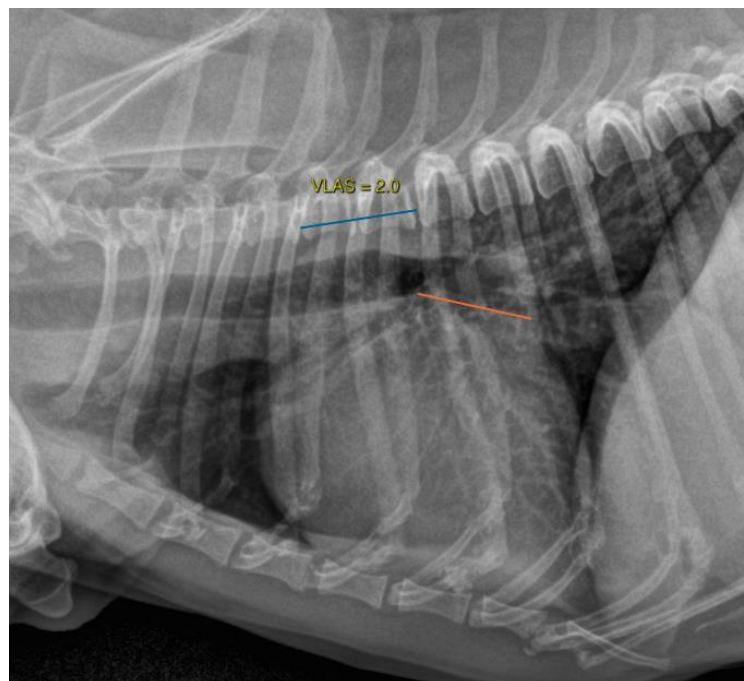
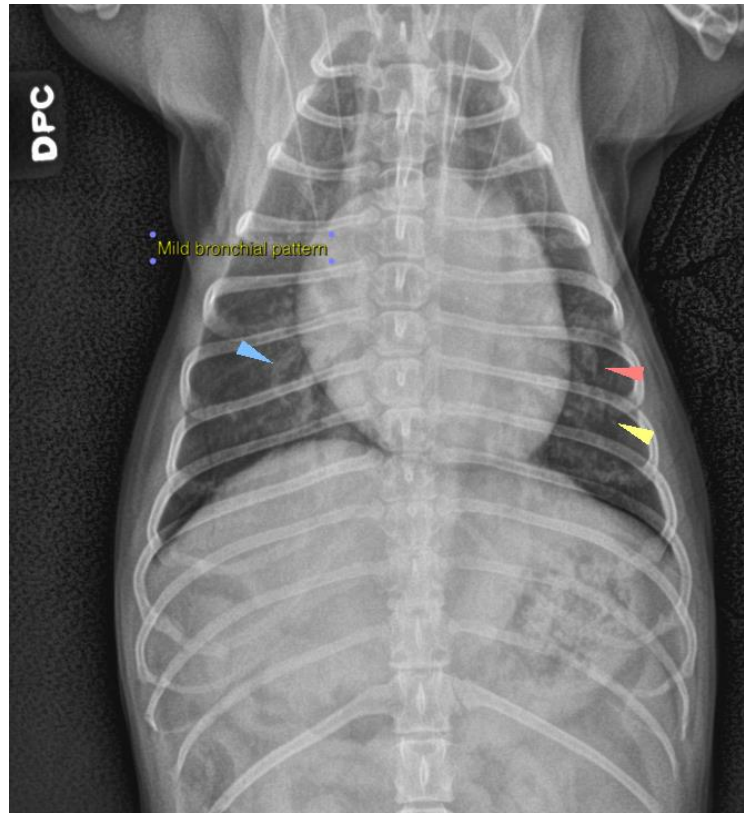
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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