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Dee Why NSW , 2099

61-2-9436-3434

Final Report for Exam ID: 4583951

Patient ID	s-237983	Patient Name	Sushi
Sex:	M UNALTERED	Birthdate:	20080721
Weight:	5.15		

Hospital Name: Sydney Dogs and Cats Home
444 Liverpool Road,
Strathfield South NSW,N/A 2136

Doctor Name:	Dr Hannah McAdam	Date of Exam:	00010101
Report Date:	7/22/2022 7:35:23 AM UTC	Report ID:	3925256
Reader:	Robert G. Nicoll BSc BVSc DACVR		

History

Consult Type: MULTIMODE, SIG: DOB: 20080721, Age: 14 Y, Sex: M UNALTERED, Wt: 5.15kg, Breed: Poodle (miniature), Species: CANINE, Images: 3, Case Details: Please refer to attached clinic history.

Findings

Views: thorax (under GA) - right and left lateral and ventrodorsal

1. Normal cardiac silhouette that is deviated to the left thoracic wall with reduced size and increased opacity of the adjacent left lung.
2. Normal pulmonary lobar vasculature with saccular dilation of lobar bronchi and diffuse well defined bronchial pattern in aerated lobes of lung.
3. Normal caudal vena cava.
4. Moderate hepatomegaly with good peritoneal detail.
5. Degenerative changes (spondylosis deformans) in the caudal cervical spine, mid thoracic spine, thoracolumbar junction and in the mid lumbar spine with narrowed IV disc spaces

Conclusion

Compensated cardiac disease, likely mitral insufficiency.

Bronchiectasis - secondary to degenerative changes in the cartilages of the airways (chondromalacia) - breed type predisposition - likely tracheal instability present also but cannot be ascertained with stenting of trachea with endotracheal tube.

Mediastinal shift with partial atelectasis of the left lung secondary to passive respiration during lateral recumbency under chemical restraint.

Diffuse hepatopathy - may be metabolic aetiology rather than neoplasia or inflammatory disease - not consistent with congestion from right heart failure due to normal caudal vena cava and good peritoneal detail.

Degenerative changes at multiple sites in the spine.

Recommendations

Hannah, I suspect that the coughing is a consequence of dynamic airway disease - there is bronchiectasis present and I suspect that Sushi probably has tracheal instability also. The cardiac disease is compensated

currently. The liver is enlarged and I would be concerned about possible hyperadrenocorticism but for the ALP being not so significantly elevated to indicate that this is likely.

Read By:

Robert G. Nicoll BSc BVSc DACVR

7/22/2022 7:35:23 AM UTC

To contact me : I can be reached by email at: rnicoll@bigpond.net.au