



TVC-CASE-44730

Dog | Mixed | 13 years, 9 months and 24 days | Male (Neutered) |

Finalized : 2022-10-20
Submitted : 2022-10-20

Radiographs

Clinical Findings

History & Clinical Signs

Pt is limping
O doesn't know which leg, looks like it could be LHL
Pt is overweight
Pt coughs sometimes, Pt has collapsed trachea

Heart murmur Grade II
Mild drawer movement of the LHL stifle joint
Hyperpigmentation of the back

Number of Images

Submitted: 6

Date Of Most Recent Images

2022-10-19

Radiograph Report

Findings

6 radiographs of the thorax/abdomen/pelvic limbs are available for interpretation.

Thorax: There is significant generalized cardiac enlargement. Patchy interstitial markings are present. Coalescing interstitial markings are identified in the central portion of the left caudal lung lobe. The cranial mediastinal space is normal. The vasculature is normal. The diaphragm is intact. The trachea is normal in height. However, there is significant soft tissue opacity overlying the cervical portion of the trachea. Very faint spondylosis is present. Mild degenerative changes are present in the shoulder joints and elbows. No rib lesion is identified.

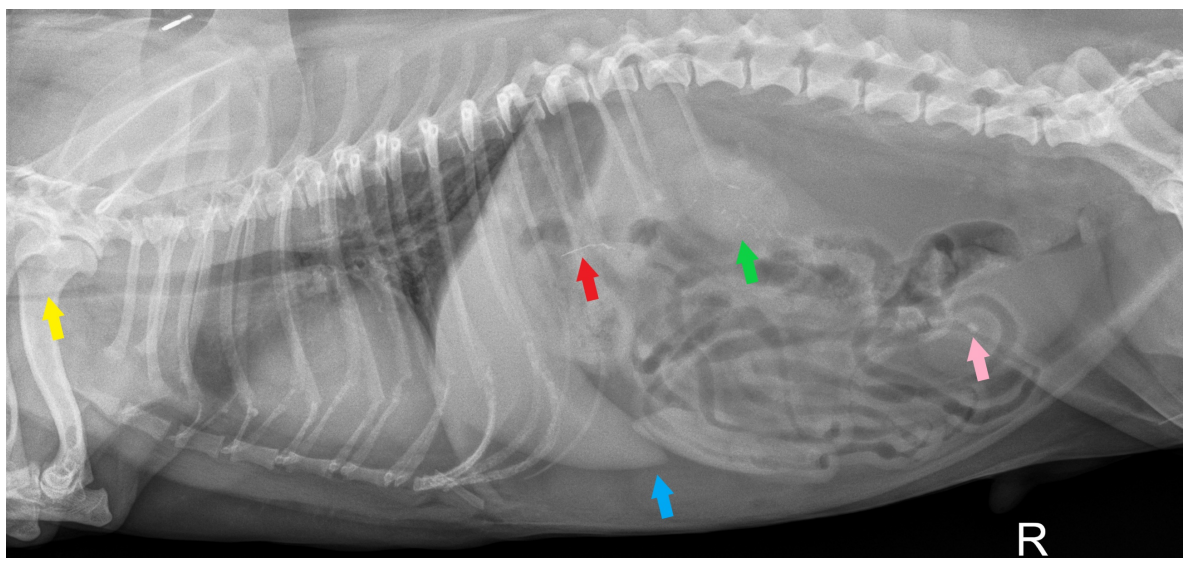
Abdomen: There is adequate serosal detail. The retroperitoneal space is normal. The kidneys in size. Diverticular mineralization is present. The stomach contains gas and ingesta. Wire-like material is present in the expected region of the pylorus. The liver is mildly enlarged and has blunted margins. The small bowel is minimally and uniformly distended with fluid and gas. The colon contains feces. The urinary bladder contains fluid. In one of the images, a small punctate mineral opaque focus is present at the cranial aspect of the urinary bladder. Spondylosis is present.

Pelvis: Very mild degenerative changes are present in the coxofemoral joints. The pelvis is otherwise normal.

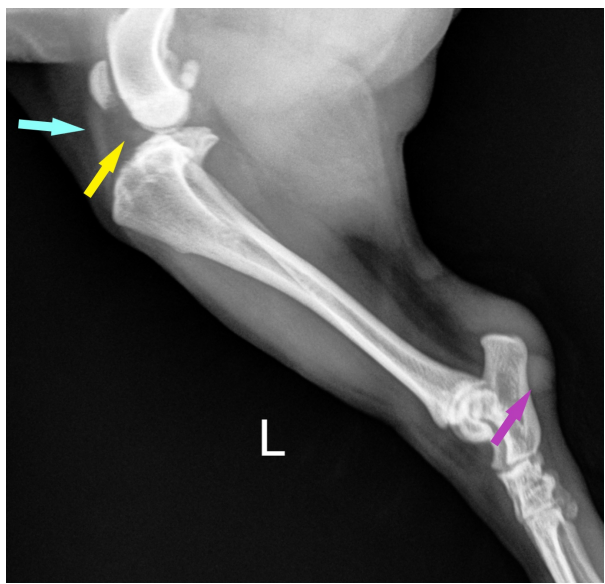
Pelvic limbs: The patellae are in the normal anatomic location. Mild to moderate periarticular osteophytosis is present in

both stifle joints. The condylar surfaces remain smooth. Capsular effusion is not identified in the right stifle joint. There is suspect trace intracapsular effusion in the left stifle joint. The patellar tendon in the left stifle joint is slightly thicker than on the right side. No definitive abnormalities are identified in the included tarsi. However, in the subcutaneous tissues at the plantar aspect of the calcaneus, a soft tissue opaque nodule is identified. No definitive abnormalities are identified in the remaining tarsal bones or viewable metatarsals.

Note the soft tissue opacity overlying the cervical portion of the trachea, enlarged heart, enlarged liver, wire like foreign material (red arrow), diverticular mineralization in the kidneys (green arrow), and mineral opaque material superimposed over the urinary bladder (pink arrow).



Left side. Note the thickened patellar tendon, trace intracapsular effusion, and subcutaneous nodule caudal to the calcaneus bone.



Interpretation

- 1. Probable dynamic tracheal collapse secondary to redundancy of the dorsal trachealis membrane. A concurrent tracheitis is possible.
- 2. Probable mitral valve and tricuspid valve insufficiency.
- 3. Incidental wire- like foreign material.
- 4. Hepatomegaly. A vacuolar hepatopathy is considered primarily.

5. Suspect chronic renal disease with diverticular mineralization.
6. Suspect cystic calculi. Superimposition artifact is possible.
7. Suspect partial rupture of the cranial cruciate ligament.
8. Mild to moderate osteoarthritis of the stifle joints.
9. The thickened patellar tendon on the left side may represent luxating patellar syndrome.
10. Subcutaneous nodule college of the calcaneus. This may represent a cyst or incidental/malignant neoplastic process.

Recommendations

1. Video fluoroscopic evaluation of the trachea would be necessary to confirm dynamic tracheal collapse. A transtracheal wash would be helpful.
2. A urinalysis with culture and sensitivity is indicated.
3. An abdominal ultrasound with emphasis on the liver, adrenals, and a distended urinary bladder would be helpful.
4. Sedation and careful palpation for a drawer sign and stability of the patella on the left side is warranted. Consultation with an orthopedic surgeon would be helpful.
5. Aspirates of the identified nodule associated with the left tarsus could be helpful.

Signature

Mark B. Taylor, MA, DVM, DACVR

Thank you for using Taylor Veterinary Imaging!
