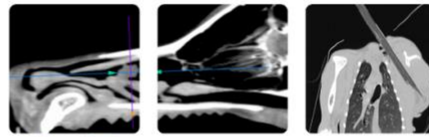

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Jasper Byrd

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

13 Years 3 Months

WEIGHT

26.8 Pounds

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR

IMAGING PERFORMED BY

Allison

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

35203

DATE

1/2/26

PRESENTING CLINICAL SIGNS

History: Labored breathing seen at home with abdominal effort. Noticed mainly at times when trying to settle down/rest, there is a lot of movement in his rib cage like he is making extra effort to breath. Also, at times seems like he is breathing through his nostrils and not his mouth. He does not have any coughing and has not collapsed.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

Small osteophytes are located on both caudal glenoids; new bone is present in the sulcus of both shoulder joints. Lumbar spondylosis is present. The C6/7 disc space appears narrow on both lateral views and ventral spondylosis is present.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5. Between C3 and T1 the tracheal air space is slightly reduced by a dorsal soft tissue dense line.

The degree of pulmonary expansion is fair at best. The lung lobes are aerated and extend to the thoracic boundaries. Vascular outline of tertiary and in the caudal lobes also secondary branches is blurred. Peripheral bronchi are highlighted. Main bronchial walls are calcified.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS=11). Chamber or outflow tract enlargement is not obvious.

The ventral abdominal wall is slightly pendulous; the caudal liver lobe is rounded and extends to ribs 13.

RADIOGRAPHIC DIAGNOSIS

- Reduced pulmonary expansion
- Interstitial pattern
- Tracheal collapse, very mild
- Hepatomegaly

Incidental findings

- Bronchial calcification
- C6/7 disc space narrowing
- Spondylosis
- Bilateral shoulder arthrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

- Idiopathic fibrosis
- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)

Less likely

- Edema
- Diffuse hemorrhage

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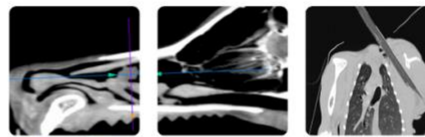

Teleradiology
Educational Teleconsultation Services™

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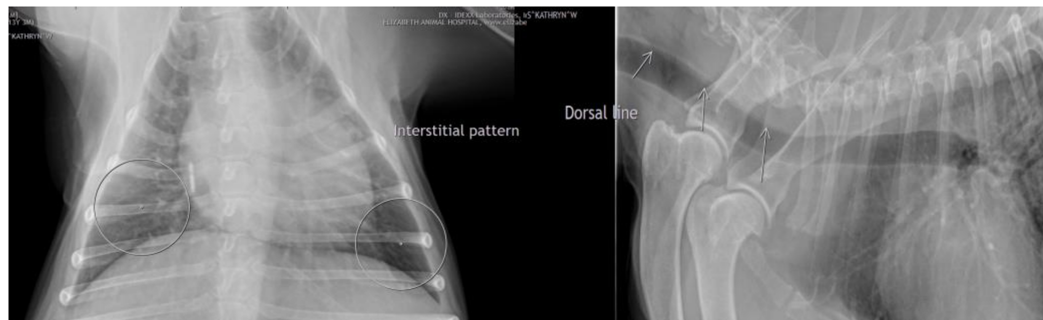
- Tumor (e.g., lymphoma)

Fecal samples should be obtained to rule out parasites. Bronchoscopy with broncho-alveolar lavage is recommended to rule out infectious and inflammatory diseases; samples should be submitted for bacteriological and cytological examination. Echocardiography is recommended to identify pulmonary hypertension.

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually due to an altered cartilage development which may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g., fibrosis, bronchitis,) reduces the ease of airflow. The gold standard for imaging both pathologies is tracheo-bronchoscopy. The clinical signs in combination with the reduced pulmonary expansion make idiopathic pulmonary fibrosis ("Westie lung disease") likely. Hepatomegaly and pendulous ventral abdominal wall can be early signs of Cushing's disease. I suggest biochemistry to assess the liver enzymes. Other tests may have to follow.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com