



**PATIENT PRESENTING CLINICAL SIGNS**

**Toby Macias** History: Reason for Visit: COUGHING History: PET IS HERE FOR COUGHING FOR ABOUT 3 DAYS, OWNER STATES LAST EPISODE HEARD WAS LAST NIGHT.. ALL ELSE IS NORMAL WITH PET  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: Moderate amt light brown crusty discharge AU Oral Cavity: mm pm crt 1-2 sec, has what looks like an impacted root area of 207  
**Canine** Lymph Nodes: N Skin: scabs around neck CV/Respiratory: 3/6 left systolic murmur, good femoral pulses, lungs clear....new murmur here but Mrs said another DVM in California heard it years ago  
 Abd/GI: N Uro/Perineum: N Musculoskeletal: N Neurological: N

**BREED RADIOGRAPHIC STUDY OF THE THORAX AND NECK**

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

**SEX**

The bony structures appear physiological.

**Neutered Male**

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels especially in the right caudal lobe are blurred and the bronchi highlighted. The degree of pulmonary expansion is fair at best.

**AGE**

**8 Years 10 Months**

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and the carina is in line with the trachea. Splitting of the main stem bronchi is evident on the lateral view, on the VD both caudal main stem bronchi are bowed and mildly laterally displaced.

**INTERPRETED BY**

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

The cardiac silhouette occupies 90% of the chest height and 3 intercostal spaces (VHS 10.5). The caudal heart border is straight, suggesting left ventricular (LV) enlargement, and tenting of the left atrium (LA) as well as a cardiac bulge at 2 o'clock are evident. The pulmonary vessel size appears to be physiological.

**RADIOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

**DPC Veterinary H**

- Left cardiac enlargement
- Splitting of caudal main stem bronchi
- Interstitial pattern

**REFERRING VET**

**Dr. Feldt**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cardiac changes are highly suggestive of left sided cardiac disease such as endocardiosis. The interstitial pattern could thus be the result of pulmonary edema. Especially in the small breed dogs an increase of the left heart result in compression of the bronchi which can cause a cough and may lead to bronchial collapse. Echocardiography is recommended to assess the mitral valve and identify if a regurgitant flow is present. The interstitial pattern would then most likely be due to edema. Other differential diagnoses include:

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- Infection (bacterial, fungal, viral, Rickettsia, Spirochetes, parasitic)



**PATIENT**

Toby Macias

- Inflammation (allergic, smoke inhalation)
- Hemorrhage
- Fibrosis
- Tumor (unlikely)

**SPECIES**

Canine

Pulmonary edema has to be ruled out before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out.

**BREED**

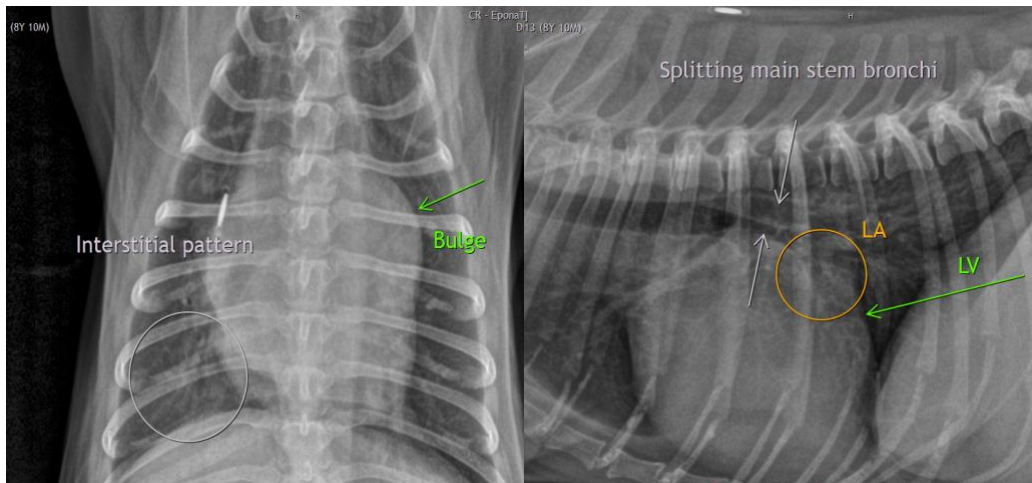
Shih Tzu

**SEX**

Neutered Male

**AGE**

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Dr. med. Vet.,  
DipECVDDI DVR

**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.

**HOSPITAL NAME**

DPC Veterinary H

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