



**PATIENT PRESENTING CLINICAL SIGNS**

Buddy Resch History: coughing frequently, no heart murmur, normal chest and heart sound

**RADIOGRAPHIC STUDY OF THE THORAX**

**SPECIES**

Canine

The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity. Mild spondylosis T12/13.

**BREED**

German Shepherd  
Mix

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

**SEX**

Neutered Male

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS 10.5). No chamber or outflow tract enlargement is evident.

**RADIOGRAPHIC DIAGNOSIS**

- Possible tracheal collapse

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The soft tissue opacity over the tracheal lumen could be due to the overlying esophagus or may represent the dorsal tracheal ligament. However, in large breed dogs tracheal collapse is rare. Thus visual inspection of pharynx and larynx (in case of inflammation or paralysis) and bronchoscopy with broncho-alveolar lavage is necessary to rule out infection and inflammation because bronchitis can be present without radiographic evidence.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Truscott AH

**REFERRING VET**

Dr. Medhat Meawad

**INVOICE**

17692

**DATE**

10/13/22



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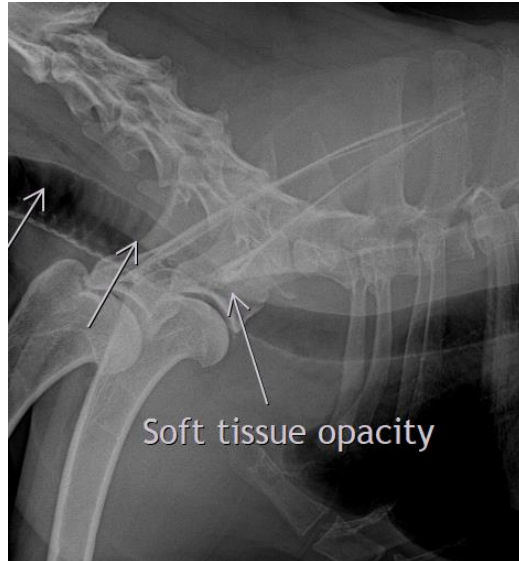
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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  
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