



PATIENT PRESENTING CLINICAL SIGNS

Canela Cardoza History:History from 10/9/22: P LETHARGIC AND NOT EATING GOING ON 5 DAYS. NO VOMIT/DIARRHEA. UNSURE IF P GOT INTO ANYTHING. ITS BEEN YEARS SINCE BEEN AT VET. O HAS HAD P SINCE PUPPY ALSO HAS PARENTS NOTHING REMARKABLE IN HX. NO OTHER CONCERNS.O NOTICED WEIGHT LOSS OVER PAST WEEK.

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: Physical Examination from 10/9/22 Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, grade II/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild to moderate dental tartar, mild gingivitis Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: Mildly enlarged popliteal LN's, rest WNL Neurological: Alert and appropriate. No significant abnormalities Skin: Multiple skin tags. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Diagnostic Testing Needed: Canine senior profile Declined Diagnostics/Treatments: None Findings: 1) CBC: LYM 0.8 (1.05-5.10) 2) CHEM: TP 9.8 (5.2-8.2), GLOB 6.5 (2.5-4.5) 3) TT4: WNL 4) 4dx: Negative 5) UA (cysto): SG > 1.050, PROT 100mg/dL, BIL 3mg/dL, BLD 10Ery/uL, WBC 4/hpf, RBC 2/hpf, no bacteria or crystals detected.

RADIOGRAPHIC STUDY OF THE THORAX

AGE

10 Years

The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity. The bony structures appear physiological.

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.

INTERPRETED BY

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

The cranial mediastinum is of physiological size and opacity. In right lateral recumbency the tracheal lumen measure 1.3cm in cervical region and thoracic inlet, and 0.8cm in the thorax. In left lateral recumbency a semicircular soft tissue opacity is superimposed onto the dorsal tracheal air shadow between C4 and C7 and the air filled tracheal lumen is reduced in the thoracic inlet.

HOSPITAL NAME

DPC Veterinary
Hospital

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

- Variable tracheal height
- Possible tracheal collapse

REFERRING VET

Dr. Rivera

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually caused by chondromalacia and is thus due to an altered cartilage development which may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g. pneumonia, bronchitis, L cardiac enlargement) reduces the ease of airflow. Echocardiography to assess mitral valve as well as L atrial size and bronchoscopy to obtain a BAL is recommended. Should an underlying disease be present treatment may improve the clinical signs. However, an overlying esophagus can result in a similar soft tissue opacity overlying the trachea.

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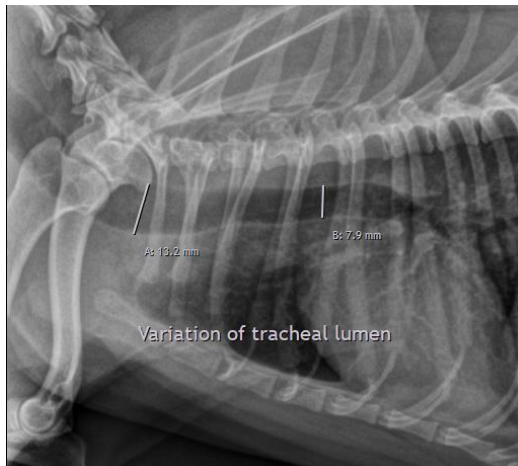
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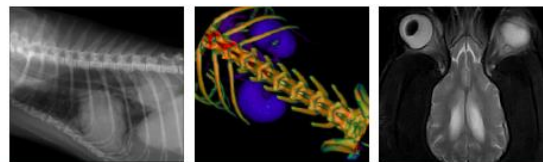


RLR

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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
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