



PATIENT

Jac Mauro

PRESENTING CLINICAL SIGNS

P IS A 10YR OLD M/N POODLE PRESENTING TODAY FOR ANNUAL VISIT. O SON BROUGHT P TODAY HERE FROM LOUISIANA NO RECORDS AVAILABLE DUE TO RECENT HURRICANE. P HAS HX OF HEART DZ. P IS VERY HYPER/ANXIOUS. O WONDERING IF CAN GET RABIES WAIVER DUE TO HEART CONDITION. P USED TO BE FED HAMBURGERS NOW EATING DOG FOOD DIARRHEA HAS RESOLVED. P COUGHS A LOT UNSURE IF ANY WORSE SON STATES P DOING PRETTY GOOD.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: No cough on tracheal palpation. Oral cavity: Heavy dental calculus, gingival recession Multiple suspected adenomas (pink, <3mm, irregular surface). CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds.

BREED

Poodle

RADIOGRAPHIC STUDY OF THE THORAX

SEX

RLR, LLR, DV

MN

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

AGE

10 Years

The bony structures appear physiological.

INTERPRETED BY

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

The degree of pulmonary expansion is fair. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible to the tertiary branches. Some doughnuts are evident in the cranio-ventral lobes.

The cranial mediastinum is of physiological size and opacity. The tracheal air shadow is reduced from dorsally and varies between 0.75 and 0.5 cm. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

HOSPITAL NAME

DPC Veterinary
Hospital

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Ward

- Tracheal collapse, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

47901

Tracheal collapse can be present alone or can be associated with bronchial collapse. It 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. In case of a heart murmur echocardiography would be recommended to assess mitral valve and L atrial size. In the absence of respiratory signs tracheo-bronchoscopy with BAL is not yet indicated.

DATE

10-21-21



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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., DipECVDDI, DVR
Dr.H.Rudorf@gmail.com