



PATIENT PRESENTING CLINICAL SIGNS

Scout Scott History: right hind limb swelling distal to tarsus for past 10 months, firm swelling coughing/wretching, dyspnea

SPECIES RADIOGRAPHIC STUDY OF THE THORAX AND TARSI

Canine Thorax

The bony structures appear physiological.

BREED

Ches Bay Retriever

The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. A generalized loss of clear vascular outline and peripheral bronchial enhancement is present. In the cranio-ventral lobe bronchial enhancement is especially marked and could be termed air-bronchogram.

SEX

Neutered Male

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and the carina is located level with T5. A small amount of air is present in the esophagus and the stomach is moderately filled with air.

AGE

11 Years

The cardiac silhouette occupies 80% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is obvious.

Tarsus R

INTERPRETED BY

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

Marked soft tissue swelling surrounds the tarsus. Smooth to slightly irregular new bone formation is evident on all bones from tibia to distal row of tarsal bones.

RADIOGRAPHIC DIAGNOSIS

Thorax

HOSPITAL NAME

JK

- Generalized interstitial pattern
- Possible alveolar component R cranio-ventral lobe

R tarsus

REFERRING VET

Hamburg VC

- Swelling
- Bony reaction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized 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:

INVOICE

Dr. Branning

- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
- Edema
- Hemorrhage

DATE

10/21/22



PATIENT

- Fibrosis

Scout Scott

The more pronounced bronchi in the cranio-ventral lobes could be due to a previous, prolonged R lateral recumbency or true alveolar consolidation. The lung patterns need to be verified with a DV/VD view. An additional right lateral recumbent view is advisable. A sample will have to be obtained if an infiltrate is present.

SPECIES

Canine

The bony tarsal changes appear to be long standing and could be due to trauma or chronic, low grade infection/inflammation. The swelling could be due to fluid, possibly connected to the joint, or soft tissue (e.g. fibrosis, inflammation, less likely a tumour). A DP view is recommended to assess trabeculation of all bones; ultrasound will help differentiate between fluid and soft tissue and to obtain a sample.

BREED

The two disease processes may or may not be connected.

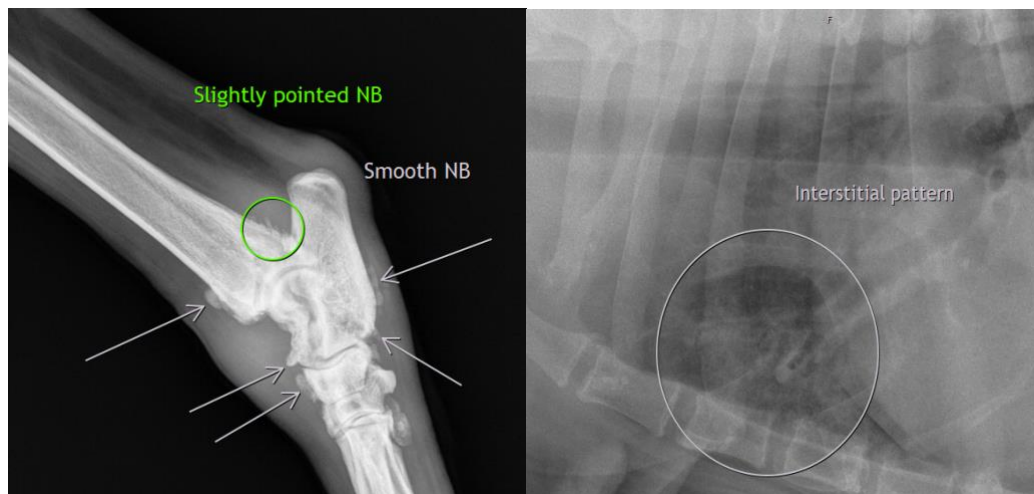
Ches Bay Retriever

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Neutered Male

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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.

HOSPITAL NAME

JK

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.

REFERRING VET

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com

Hamburg VC

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