



PATIENT	PRESENTING CLINICAL SIGNS
Red Cuttitta	P presented with increased panting that started this past summer and has not improved with cold weather. HX of arthritis, currently on galliprant Abnormal PE/Chem/CBC/UA Results: HCT 46% in 2019 HCT 39% in May 2021 Other lab work WNL
SPECIES	
Canine	RADIOGRAPHIC STUDY OF THE THORAX
	RLR, LLR, DV
BREED	RADIOGRAPHIC FINDINGS
Chow Chow	The body condition score is 6/9. A slightly inhomogeneous mineral opacity is located medial to the left bicipital groove (possible remnant of the clavicle).
SEX	Ventral spondylosis is present T6-8 and T10/11.
Male Neutered	The cranial aspect of both cranial lobes is convex on both lateral views and in right lateral recumbency a focal, soft tissue opacity causes a pulmonary indentation. The right lungs show a loss of clear vascular outline with highlighting of peripheral bronchi.
AGE	The cranial mediastinum is of physiological size and opacity. The tracheal height varies between 0.4 and 1.4cm (terminal trachea) due to a crescent shaped, dorsal soft tissue opacity in the thoracic inlet.
12	
INTERPRETED BY	The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.
Heike Rudolf, DVM, Dr. med. Vet., DipECVDDI DVR	
HOSPITAL NAME	RADIOGRAPHIC DIAGNOSIS
Sierra Pet Clinic	<ul style="list-style-type: none"> • Interstitial pattern • Tracheal collapse • Possible mediastinal lymphadenomegaly • Spondylosis (incidental finding)
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
A. Garcia, DVM	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.
INVOICE	The interstitial lung pattern is a non-specific finding and could be the result of limited re-inflation of the right lung lobes after prolonged right lateral recumbency. Possible differential diagnoses for a true infiltrate include:
48100	<ul style="list-style-type: none"> • Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic) • Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
DATE	
10-30-21	



PATIENT

- Fibrosis

Red Cuttitta

Echocardiography to assess mitral valve and L atrial size and bronchoscopy to obtain a BAL is recommended. Should an underlying disease be present treatment may improve the clinical signs.

SPECIES

Canine

The variation in cranial mediastinal size should be investigated ultrasonographically to rule out mediastinal mass or lymph node enlargement.

BREED

Chow Chow

SEX

Male Neutered

AGE

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PATIENT

Red Cuttitta

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.

SPECIES

Canine

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.

BREED

Chow Chow

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SEX

Male Neutered

AGE

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