



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Minnie Morin  
**SPECIES** Canine  
**BREED** Chihuahua  
**SEX** Female  
**AGE** 1 Year, 8 Months

Rechecking: HW DZ, MELARSOMINE #1 TODAY History: WAS COUGHING AT TIME OF INITIAL DIAGNOSIS OF HW DZ. THE COUGH RESOLVED WHEN WAS ON DOXY AND PRED. THE COUGH HAS COME BACK OVER THE PAST 2-3 WEEKS. 8/2021 CHEST RADS: .MAIN PULMONARY ARTERY ENLARGEMENT, VASCULAR LUNG PATTERN, MILD CAUDODORSAL BRONCHIAL LUNG PATTERN

Abnormal PE/Chem/CBC/UA Results: Exam Notes: BAR,MM PM CRT1-2SEC H/L 2/6 LEFT SYS MURMUR,LUNGS CLEAR, GOOD PULSES AB PALP WNL, UTERUS FEELS SMALL TRACE MUCOID VAGINAL DX

**RADIOGRAPHIC STUDY OF THE THORAX**

2 orthogonal views

**RADIOGRAPHIC FINDINGS**

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 visible, but their outline appears slightly blurred in the periphery and the bronchi are highlighted. The vessels appear to be within the physiological size range. A few doughnuts are present in the caudal lobes.

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces (VHS 10). On the VD view the heart is small and has a slight bulge at 2 o'clock.

**RADIOGRAPHIC DIAGNOSIS**

- Broncho-interstitial pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Because the clinical signs have re-appeared, further diagnostic steps should be taken to be able to target the treatment. Primary inflammatory, non-infectious causes (e.g. neutrophilic, eosinophilic, allergic), as well as infectious causes (bacterial, viral, parasitic) need to be considered and trachea-bronchoscopy is necessary to obtain a sample. Lung expansion is good and thus fibrosis is unlikely. Interstitial edema is a differential diagnosis, but the pulmonary veins do not appear enlarged. In toy breeds tracheal collapse can be a sequel to chronic cough and would worsen the clinical signs.

In the VD view the heart is not supported by the sternum and, depending on the expansion of the different lung lobes, can be located obliquely in the thoracic cavity which usually highlights one of the outflow tracts. In the absence of hypovascularity, I feel that this is the cause for the visibility of the pulmonary artery segment. However, only echocardiography will be able to detect

**INTERPRETED BY**

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

**HOSPITAL NAME**

DPC Veterinary  
 Hospital

**REFERRING VET**

Dr. Feldt

**INVOICE**

47745

**DATE**

10-8-21



**PATIENT**

Minnie Morin

tricuspid valve regurgitation which is indicative of increased pulmonary resistance. A left sided murmur is suggestive of mitral valve insufficiency.

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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.

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