



PATIENT PRESENTING CLINICAL SIGNS

Toto Daigle
SPECIES
 Canine
 History: History of coughing for years. When I met him, he was on lasix, enacard, and pimo. however, cough was persistent. echo done by cardiologist in Jan 2022, led to a diagnosis of Stage B1 mod mitral regurg, no chamber enlargement. Coughing is from pulmonary disease. He instructed us to DC the heart meds, start Pred 5 mg BID, hydrocodone liquid BID. Did better, sometimes whe O decreases Pred, his coughing gets worse. Currently O giving Pred 5 mg: 1/2 tab EOD. And hydrocodone BID. Mainly coughs when laying down. Two nights ago had a bad coughing spell. Then acted great and normal. Main side effect O dislikes: increased appetite.
 Abnormal PE/Chem/CBC/UA Results: HR 170, no murmur. T: 101.1, mm pink.

BREED RADIOGRAPHIC STUDY OF THE THORAX

Terrier Mix
 The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity. The bony structures appear physiological.

SEX
 The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are just visible on the lateral views. The degree of pulmonary expansion on the lateral views is fair at best.

Neutered Male
AGE
 The cranial mediastinum is of physiological size and opacity. The tracheal air shadow in the thoracic inlet is severely reduced and appears ventrally displaced in left lateral recumbency; in right lateral recumbency the trachea appears wide, and the air shadow is replaced by a soft tissue opacity between C3 and T1.

14 Years
 The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

INTERPRETED BY RADIOGRAPHIC DIAGNOSIS

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR
 • Tracheal collapse, severe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME
Maher AH
 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. As the mitral valve disease is already being treated, trachea-bronchoscopy to obtain a BAL is recommended. Should an underlying pulmonary disease be present, treatment may improve the clinical signs.

REFERRING VET

Katie Maher
TECHNICAL COMMENTS

INVOICE
18135
 Non-DICOM images were submitted. The transformation from DICOM to other formats reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports, I suggest submitting DICOM images in the future. The images are grainy.

DATE

11/17/22



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INTERPRETED BY

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

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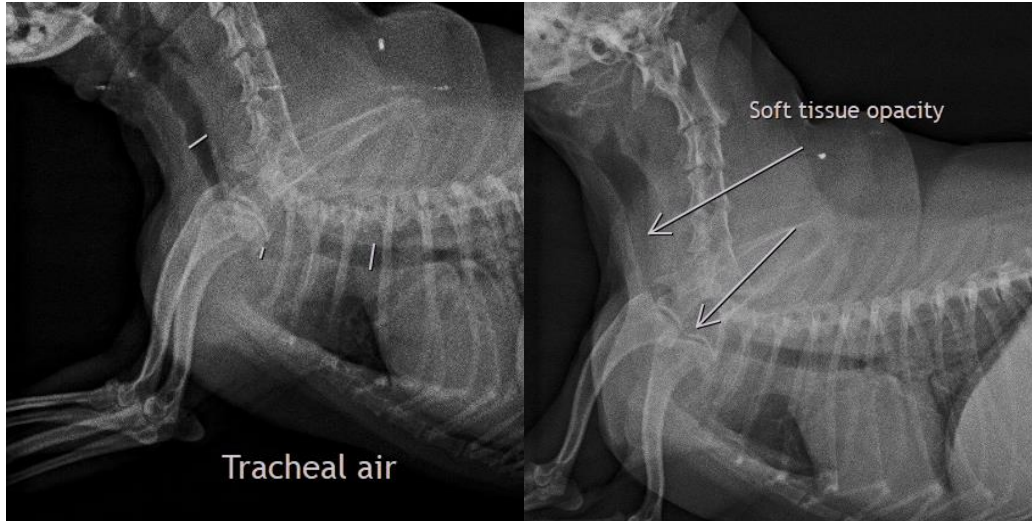
Katie Maier

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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.

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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