



PATIENT

Boon Allen

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12 Years, 1 Month

INTERPRETED BY

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

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

48583

DATE

11-26-21

PRESENTING CLINICAL SIGNS

Boon has also developed a huffing cough. Shelia would also like Boon's throat scoped or looked at while she is under for the Dental. Last week Boon went to the ER for Vomitting. ER gave an anti-nausea injection and some SQ fluids and Boon has been fine since. COUGH FOR SOME TIME- DOES IT WHEN FIRST GETS UP, OFTEN WHEN EATING, AND WHEN EXERTING HERSELF. IT IS A SHALLOW SHORT COUGH. SHE HAS REGURGITATED A FEW TIMES AS WELL. HER BREATHING IS VERY HARSH WHEN EXERTED (NOT HERE).

RADIOGRAPHIC STUDY OF THORAX AND NECK

1x lateral neck
Thorax: 2x RLR, 1x LLR, 1x VD, 1x RLR after Barium swallow

RADIOGRAPHIC FINDINGS

Neck

No signs of aggressive osteolysis have been identified along the C-spine. A small amount of air is located in the esophagus immediately caudal to the cricopharyngeal sphincter.

Thorax

The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

Osteophytes are present on both humeral heads and caudal scapulae. Small bone spurs are present ventrally on some thoracic endplates.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The caudal lobar vessels are blurred, and peripheral bronchi are highlighted.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. A small amount of air is present dorsal to the terminal trachea.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS 10.25). No chamber or outflow tract enlargement is evident.

After the administration of Barium, the cranial thoracic oesophagus is 1.4cm high and the contrast column terminates in a convex fashion, level with T4. Small streaks of Barium are present in the stomach.

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern, caudal lobes
- Slow Barium passage
- Shoulder OA, incidental finding
- Spondylosis, incidental finding



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Boon Allen Older, retriever type dogs, often suffer from laryngeal paralysis which can manifest itself in swallowing difficulties and exercise intolerance. This should be ruled out.

SPECIES The interstitial lung pattern is a non-specific finding and may be the result of superimposition of the two hemi-lungs on the lateral views. Possible differential diagnoses for a true infiltrate include:

Canine

BREED

Labrador Retriever

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

Tracheobronchoscopy with bronchoalveolar lavage will identify if a true infiltrate is present and can help rule out laryngeal paralysis. Alternatively, echolaryngography can be used to identify abnormal laryngeal movement.

SEX

FS

AGE

12 Years, 1 Month

The slow passage of Barium could be an artefact due to a small amount of administered Barium which has not elicited the primary or secondary wave. The Barium stops at the level of the ligamentum arteriosum but, considering the age of the dog, an obstruction due to a PDA is unlikely. Ideally fluoroscopy should be performed, and the animal watched while eating different types of Barium coated food and drinking liquid mixed with Barium. This will aid the identification of the severity of laryngeal dysfunction.

INTERPRETED BY

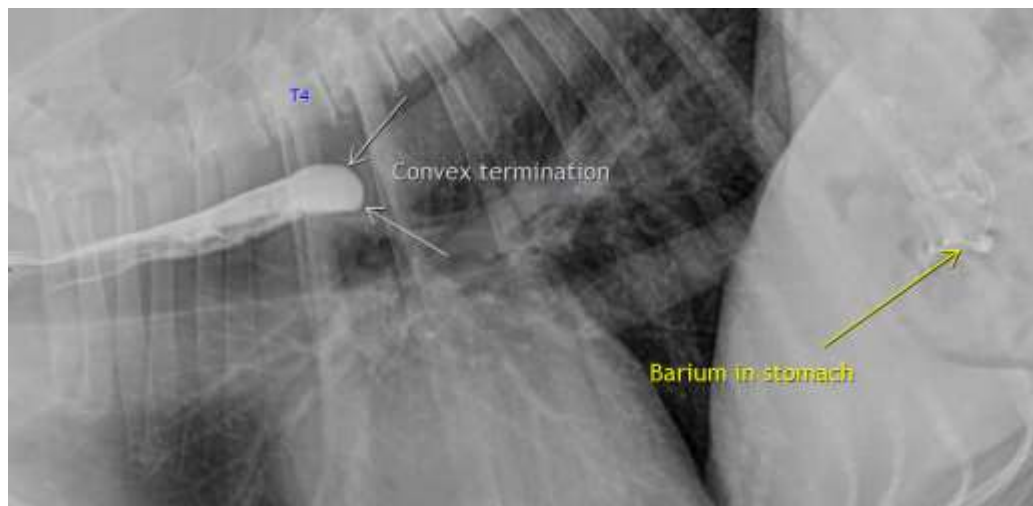
Heike Rudolf, DVM,
Dr. med. Vet.,
DipECVDI DVR

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM



INVOICE

48583

DATE

11-26-21



PATIENT

Boon Allen

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12 Years, 1 Month

INTERPRETED BY

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

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

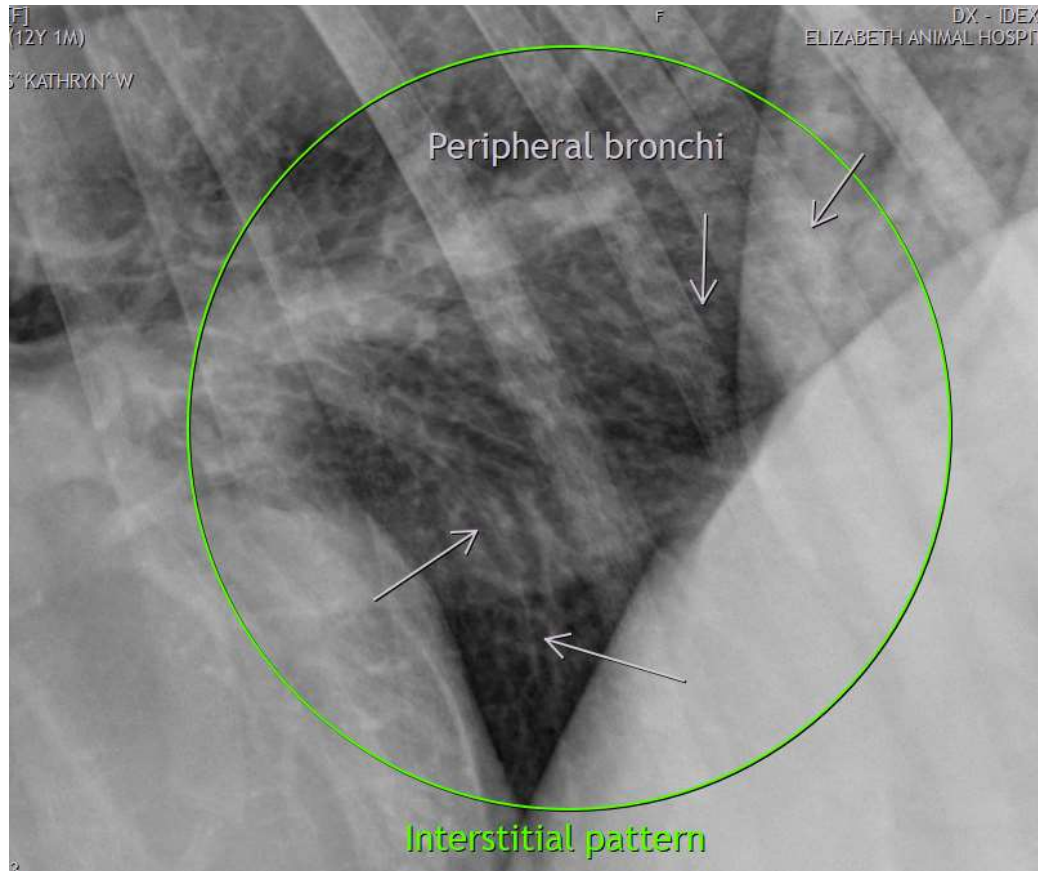
Leon Anderson, DVM

INVOICE

48583

DATE

11-26-21



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., DipECVDI, DVR
Dr.H.Rudorf@gmail.com