



PATIENT PRESENTING CLINICAL SIGNS

Honey Dallimore History: occasional cough, especially during night, and mild wheezing sound on auscultation, tried AB clavaseptin and doxycycline, attached is the previous radiograph report done a month ago, we need to rule out allergy vs asthma vs others

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

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

The bony structures appear physiological.

BREED

Pug Mix The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The outline of the lobar vessels is obscured though the lobar vessels for the cranial lobes appear to measure less than 50% of the proximal third of ribs 3 and 4 (0.2cm vs 0.5cm). The bronchial tree is highlighted.

SEX

Female The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips slightly at the carina. The tracheal lumen is large, especially in left lateral recumbency and the air-filled lumen is increased in opacity due to superimposed soft tissue. In right lateral recumbency the lumen is of physiological size and the dorsal tracheal membrane occupies the proximal ¼ of the lumen between C5 and T2.

AGE

11 Years The cardiac silhouette occupies 85% of the chest height and 3.5 intercostal spaces. The left atrium appears triangular in shape. On the VD view no chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

INTERPRETED BY

**Heike Rudolf, DVM,
Dr. med. Vet.,
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- Tracheal collapse
- Poor lung expansion
- Interstitial pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Truscott AH

The tracheal collapse is most likely secondary to an increased respiratory effort which can be due to BOAS or lung infiltrate (e.g.fibrosis). As pugs suffer greatly from BOAS, I feel it will be necessary to rule out obstruction of the nares, crowding of nasal turbinates and soft palate pathology by performing a CT examination or at least a visual assessment of nares and soft palate. Upper respiratory disease such as BOAS can result in decreased lung expansion with increased respiratory effort and thus tracheal collapse. Once BOAS has been ruled out as a cause of increased respiratory resistance, tracheo-bronchoscopy will help rule out bronchial collapse and a BAL will help differentiate between inflammation and infection.

REFERRING VET

Dr. Medhat Meawad

INVOICE

18957

DATE

12/1/22



PATIENT

Honey Dallimore

SPECIES

Canine

BREED

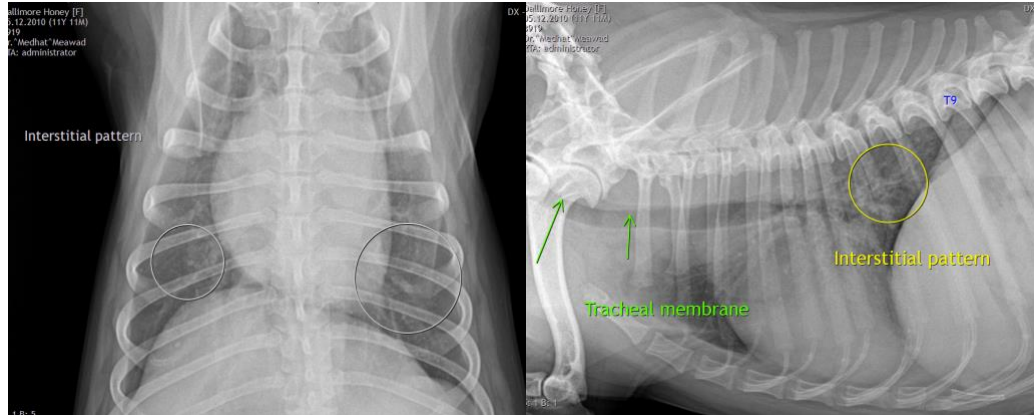
Pug Mix

SEX

Female

AGE

11 Years



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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