



**PATIENT PRESENTING CLINICAL SIGNS**

Ruby Parson two years of bilateral nasal discharge . three days history of coughing  
Abnormal PE/Chem/CBC/UA Results: unremarkable

**SPECIES RADIOGRAPH OF THE THORAX**

Canine RLR, LLR, VD dogogram

**RADIOGRAPHIC FINDINGS**

**BREED**

Pug

The body condition score is 8/9.

The thoracic spine acutely deviates dorsally at T5. The vertebrae T6-9 are slightly deformed.

**SEX**

Female Spayed

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible. On the VD view the left caudal lobe shows two small regions of faintly increased opacity with an interstitial pattern. The degree of pulmonary expansion is fair at best.

**AGE**

8 Years

The cranial mediastinum contains a large amount of fat which elevated the lung lobes and cardiac silhouette. The trachea runs parallel to the thoracic vertebrae and the main stem bronchi are elevated. On the right lateral recumbent view the cranial cervical tracheal lumen is approx. half the size of that of the intrathoracic trachea.

**INTERPRETED BY**

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

The cardiac silhouette occupies approx. 80% of the chest height and 3.5 intercostal spaces. The caudal heart border appears to be slightly straightened.

In left lateral recumbency the air shadow in naso-, oro-, and laryngopharynx is absent.

An air-filled right ear canal is visible on the right but not one the left.

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Obesity
- Left sided cardiomegaly, mild
- Interstitial pattern, localized
- Reduced pharyngeal air space
- Possible tracheal collapse

**REFERRING VET**

Dr. Boctor

Incidental finding

- Possible left external ear disease
- Congenital vertebral anomaly, mild

**INVOICE**

48935

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

12-10-21

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. Echocardiography to assess mitral valve is recommended. Visual assessment of the pharynx will help identify if the lumen is persistently of a physiological size. The interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of



**PATIENT**

Ruby Parson

the lung field. Possible differential diagnoses for a true infiltrate include:

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

**SPECIES**

Canine

The imaging findings should be correlated with the clinical findings before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out.

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Pug

Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.

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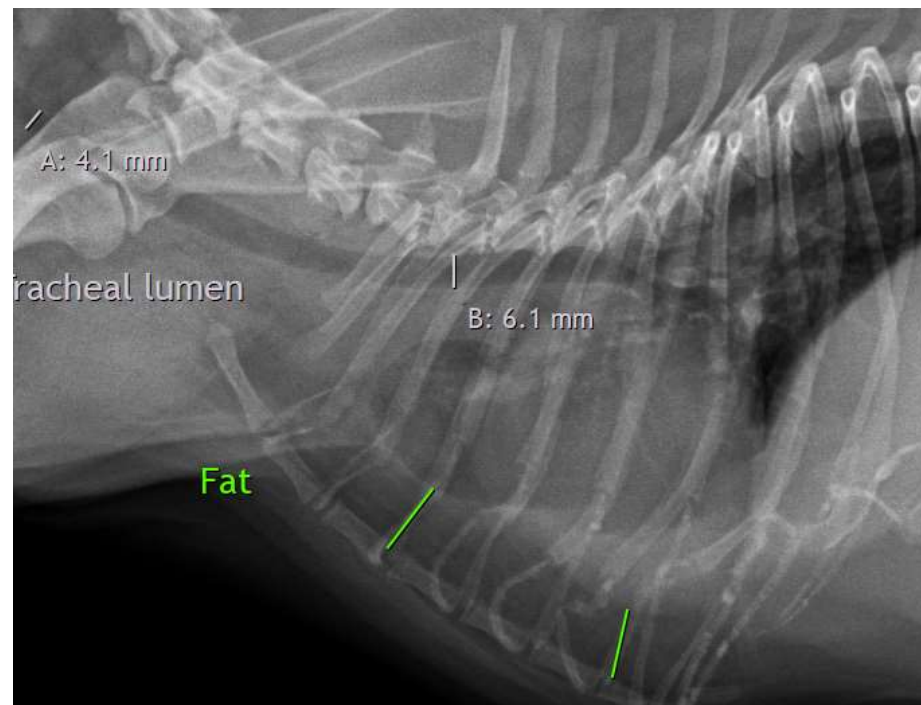
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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**

Pug

**Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR**  
Dr.H.Rudorf@gmail.com

**SEX**

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