



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Barkley Hourihan
SPECIES Canine
BREED Shih Tzu Mix

History: Barkley presents today for a second opinion. He was seen at Banfield on 12/22/2022 for an annual wellness visit and excessive snoring (visit notes in file). He was prescribed Tamaril-P at that time, but he is no longer taking the medication because it did not seem to be helping. Barkley seems to be having difficulty breathing through his nose (possible sinus issues) and is panting heavily. He is even being awoken during his sleep because he is struggling to breath properly. Holly has also noticed that he seems to be short of breath when going up the stairs. History of seasonal allergies. Currently prescribed Apoquel 3.6mg SID. Seen for snoring 12/22/2022 at Banfield. CBC and chem normal at that time.

Abnormal PE/Chem/CBC/UA Results: Abdomen rounded and slightly full. Panting, could be normal or him, but history of excess panting at home. Mirror test positive for air movement in both nostrils.

RADIOGRAPHIC STUDY OF THORAX AND HEAD

SEX Thorax

Neutered Male
 The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

Only 12 rib pairs are present. A very thin and short residual rib is present on the left of the transitional vertebra T13.

AGE

11

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled, partially calcified, and tapers uniformly towards the periphery.

INTERPRETED BY

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

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. In left lateral recumbency the dorsal tracheal membrane reduces the tracheal air shadow from approx. 1.2cm at the larynx to 0.4cm in the thoracic inlet.

The cardiac silhouette occupies 80% of the chest height and 3 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

HOSPITAL NAME

Head

Elizabeth AH

There seems to be a discrepancy in length between mandible and maxilla. Frontal sinuses appear to be absent.

REFERRING VET

Leon Anderson, DVM

The visible tooth roots appear physiological. Only four incisor teeth are evident in the mandible Both nostrils contain air. Turbinates are evident in the right nasal chamber.

Both temporomandibular joints present congruent joint spaces.

INVOICE

20305

The tympanic bullae appear aerated. Both horizontal ear canals contain air.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse

DATE

12/30/22

Incidental finding



PATIENT

Barkley Hourihan

- Bronchial calcification
- Missing teeth
- Possible prognathia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually due to an altered cartilage development which may go unnoticed until the ease of airflow is reduced. The finding, in association with the seemingly upper respiratory signs, is most consistent with invagination of the dorsal tracheal membrane, creating secondary tracheal collapse. CT assessment of the upper respiratory tract is recommended. It will help identify more subtle nasal and dental disease. Soft palate thickness and length can also be evaluated in case surgery is necessary. During intubation tonsils, the amount of pharyngeal soft tissue and laryngeal movement can be examined.

BREED

Shih Tzu Mix

SEX

Neutered Male

Bronchitis can be present without radiographic evidence. Bronchoscopy to obtain a BAL may be necessary once upper respiratory tract disease has been eliminated from the list of possible causes.

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DipECVDI DVR

HOSPITAL NAME

Elizabeth AH

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.

REFERRING VET

Leon Anderson, DVM

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

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