

DATE

12/9/21

PRESENTING CLINICAL SIGNS

Grade 3/6 murmur. Ongoing cough since 2020, heart murmur has been present at least that long. Cough was worse and some lethargy starting late October. Was put on a course of antibiotics which seemed to decrease coughing. Has a rectal mass (small) which we may pursue surgery on depending on heart status. Started on Lasix and Pimobendan prior to Echocardiogram.

PATIENT

Taco Kautz

Abnormal PE/Chem/CBC/UA Results: Echocardiogram performed 12-8-21 report attached.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

RLR, LLR

RADIOGRAPHIC FINDINGS

BREED

Chihuahua

The body condition score is 7-8/9 with smooth alternating layers of fat and soft tissue opacity.

Mild ventral spondylosis is present in the lumbar region.

SEX

Neutered Male

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible but the outline of the vessels for the caudal lobes is blurred. The bronchial tree tapers uniformly towards the periphery and peripheral bronchi are highlighted in the caudo-dorsal lobes. The degree of pulmonary expansion is fair at best.

AGE

14 Years

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. The air-filled lumen of the caudal cervical trachea is reduced from dorsally by approx. 50%.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces (VHS 10.5). No chamber enlargement is evident.

INTERPRETED BY

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RADIOGRAPHIC DIAGNOSIS

- Suggestion of tracheal collapse
- Interstitial pattern
- Borderline obesity
- Spondylosis, mild (incidental finding)

HOSPITAL NAME

Paradise AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. King

The cardiac size is physiological.

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, left cardiac enlargement) reduces the ease of airflow.

INVOICE

33397

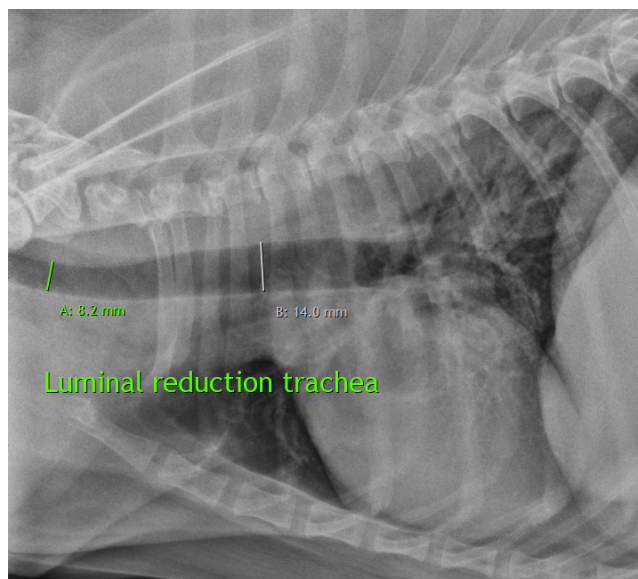
The generalized interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

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

- Fibrosis
- Tumor (e.g. lymphoma)

The imaging findings should be correlated with the clinical findings before further evaluation by means of trachea-bronchoscopy with bronchoalveolar lavage is carried out. However, this is a method of choice for the diagnosis of tracheal collapse.

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



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.

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