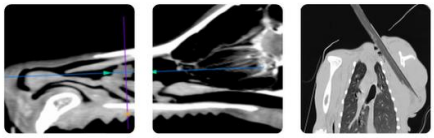


PATIENT

Max Bachelor

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

NM

AGE

14Y, 8M

WEIGHT

7.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Brooke

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Courtney

INVOICE

72913

DATE

12-9-25

PRESENTING CLINICAL SIGNS

O reports this morning P had a bout of falling, "walked a few feet, coughed twice, wobbled, stood up, wobbled again, and fell over. Decreased appetite for 48hrs. HX of pancreatitis, collapsed trachea.

Abnormal PE/Chem/CBC/UA Results: Tacky, coughing, heart auscultates with a grade 4/6, systolic murmur noted at equal volume on both sides of the chest. SSFP. Lungs auscult with mild crackles in the central lung fields. RBC 5.07 (5.65-8.87), HCT 32.6%, HGB 11.4 (13.1-20.5), PLT 498k (148-484), PDW marginally low, PCT 0.54% (0.14-0.46), BUN 49 (7-27), Cpl 575 (0-200, and it was 1548 on 5/27/25). USG 1.038, pH 7.0, UBG 1mg/dL, > 1 hyaline and >1 non-hyaline casts/LPF.

RADIOGRAPHS OF THE THORAX

R/L lateral and VD are provided, totaling three radiographs for interpretation.

RADIOGRAPHIC FINDINGS

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

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae; the main stem bronchi are not visible. A soft tissue line impinges dorsally on the tracheal air space.

The degree of pulmonary expansion is fair; all lobes extend to the thoracic boundaries. The left caudal lobe shows a patch of increased opacity with air bronchograms on the VD view. Another air bronchogram appears to be present level with rib 3 on the left.

The cardiac silhouette occupies 90% of the chest height and 3.5 intercostal spaces (VHS=10). The caudal heart border is straight, and the left main stem bronchus is slightly laterally displaced.

RADIOGRAPHIC DIAGNOSIS

- Focal alveolar infiltrate left caudal and cranial lobes
- Tracheal collapse
- Bronchial collapse

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely differential diagnoses for a localized alveolar infiltrate are

- Infection (bacterial, fungal, parasitic)
- Inflammation (eosinophilic bronchopneumopathy)
- Edema

In dogs with renal disease pneumonitis can be present. The alveolar infiltrate is then usually restricted to a single lung lobe, with the left caudal lung lobe most commonly affected in acute, and the cranial lung lobes most commonly affected in chronic renal disease. Tracheo-bronchoscopy with BAL is recommended. Especially the left caudal lobe should be carefully examined in case a foreign body is present in the bronchus.

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 physical circumstances (such as stress, running, excitement) or disease (e.g., pneumonia, bronchitis, L cardiac enlargement) reduces the ease of airflow. Echocardiography to assess cardiac

PATIENT

Max Bachelor

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

NM

AGE

14Y, 8M

WEIGHT

7.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Brooke

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Courtney

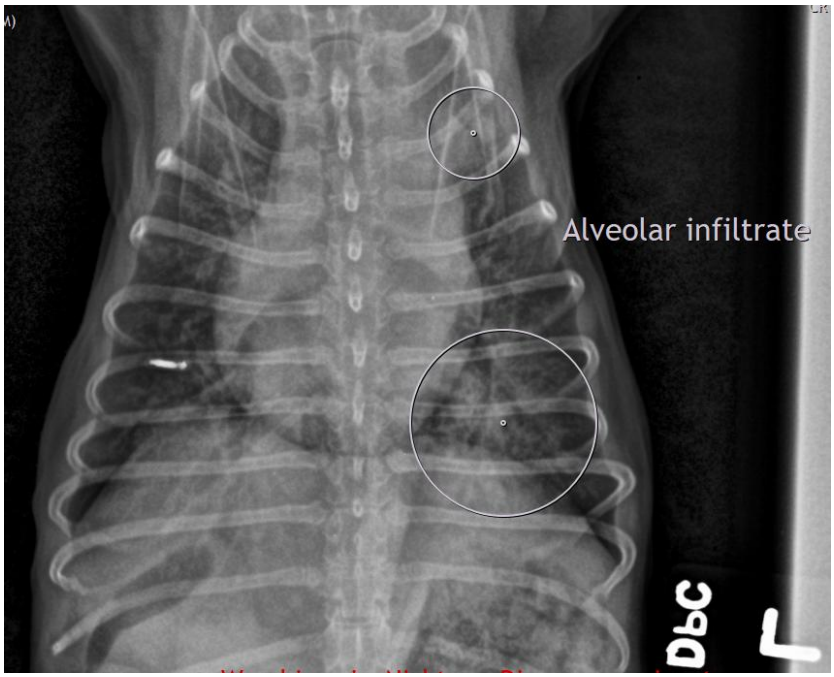
INVOICE

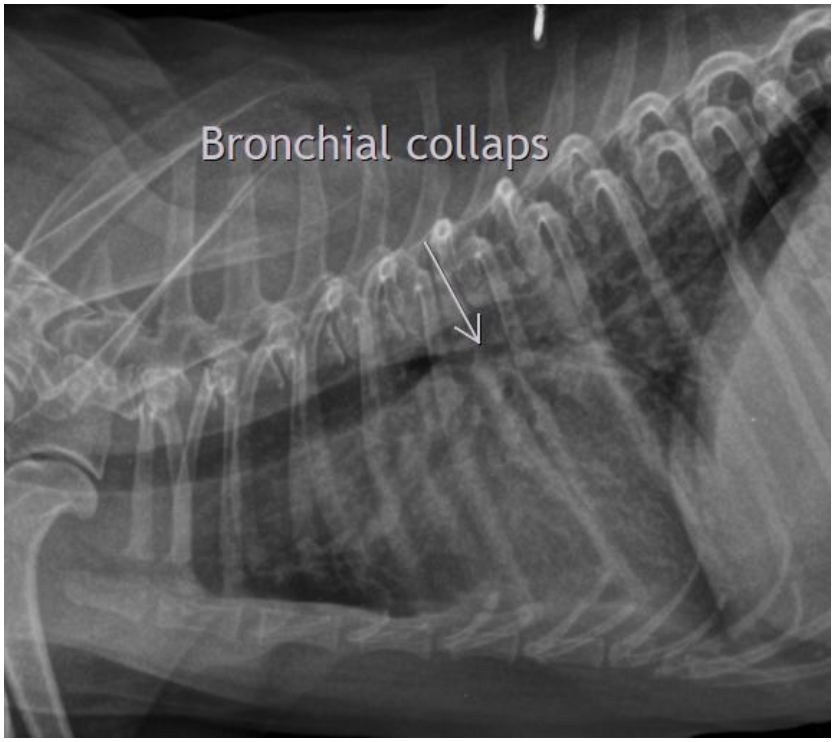
72913

DATE

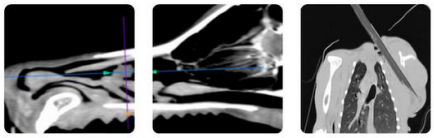
12-9-25

function and valvular appearance is suggested. Should an underlying disease be present treatment may improve the clinical signs.





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Max Bachelor

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

NM

AGE

14Y, 8M

WEIGHT

7.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Brooke

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Courtney

INVOICE

72913

DATE

12-9-25

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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com