



**PATIENT**

Titan Hubbard- Shade

**PRESENTING CLINICAL SIGNS**

Several day history of coughing when gets excited. Seems to be getting better. No travel/kennel history. Eating/drinking ok. Moderate dental dz. Having dental next week.

**SPECIES**

Canine

**RADIOGRAPH OF THE THORAX**

Thorax: 2 VD, 1x RLR, 1x lateral neck

**BREED**

Lab/Beagle Mix

**RADIOGRAPHIC FINDINGS**

The body condition score is 5/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

**SEX**

MN

Thorax

All views are well inspiratory. 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 and tapers uniformly towards the periphery.

**AGE**

13 Years

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. On the neck view a 1.9x0.5cm soft tissue structure is located in the dorsal tracheal air column, just caudal to the laryngeal cartilages.

**INTERPRETED BY**

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

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

**RADIOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

Healing Paws

- Soft tissue opacity cranio-dorsal trachea

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The soft tissue opacity may represent an artefact due to superimposition of the ventral esophageal wall or caudal cricopharyngeal sphincter, though there is only little rotation to justify the latter. During sedation for the dental examination, visual examination of larynx and tonsils is recommended. Deep inspiration in all chest radiographs in an unsedated animal is unusual and may be due to accurate exposure timing. Incomplete expiration, as occurs with obstructive airway disease, can also be a reason. Tracheo-bronchoscopy and a BAL are necessary to rule out a cranial tracheal mass as well as lung infiltrate. The clinical presentation at the time of the dental examination is the deciding factor for the BAL.

**REFERRING VET**

Jennifer Levitsky

**INVOICE**

50254

**DATE**

2-10-22



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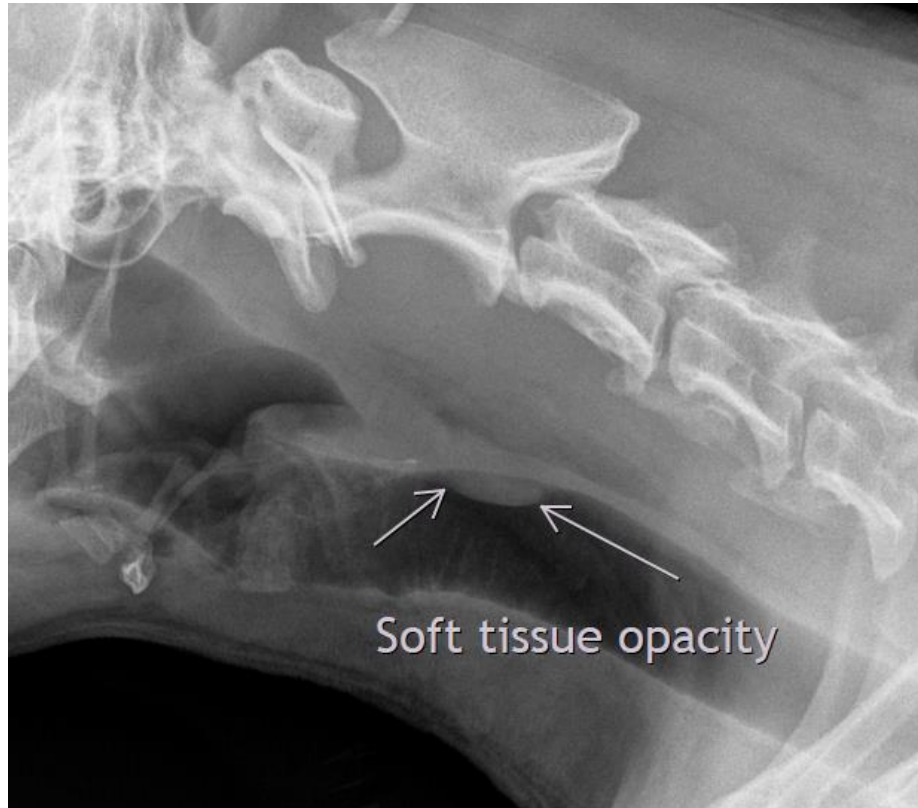
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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., DipECVDDI, DVR**  
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