



PATIENT PRESENTING CLINICAL SIGNS

Finn Browder History: Chronic cough started after kennel cough diagnosis in Jan 13. Dog has cough when excited at this point. No response to antibiotics. Radiograph sets are 2 weeks. apart.
Abnormal PE/Chem/CBC/UA Results: BW-WNL

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

Canine 27.01.23

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

BREED
The bony structures appear physiological.

Lab
The degree of pulmonary expansion is fair. 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.

SEX

Neutered Male
The cranial mediastinum is of physiological size and opacity. The cervical trachea shows a thin, soft tissue band in its dorsal lumen.

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

8 10.02.23

The tracheal lumen in the thoracic inlet is reduced form dorsally. A mild increase in interstitial pattern is evident in the tip of the right caudal lobe on the VD view.

INTERPRETED BY

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

RADIOGRAPHIC DIAGNOSIS

- Suggestion of tracheal collapse
- Focal, mild interstitial pattern (10.2.23)

HOSPITAL NAME

Valley Veterinary
Services

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A significant tracheal collapse is large breed dogs is uncommon due to the relatively large tracheal lumen; tilting of the thorax can result in visibility of the esophagus overlying the tracheal lumen and may mimic tracheal collapse. The interstitial pattern on the second VD view is very localized and could be the result of incomplete re-inflation after previous right lateral recumbency. In Retriever type dogs, laryngeal paralysis (LP) is common and can be assessed ultrasonographically or visually under light anesthesia. LP can cause aspiration of fluids or of solid food material and pneumonia in the ventral lobes may develop. Should the cough still be present after laryngeal paralysis has been ruled out, trachea-bronchoscopy to obtain a sample for cytology and bacteriology is recommended, because bronchitis (inflammatory or infectious) can be present without radiographic evidence.

REFERRING VET

Dr. Korin D'Ascenzo

INVOICE

21063

DATE

2/10/23



PATIENT

Finn Browder

SPECIES

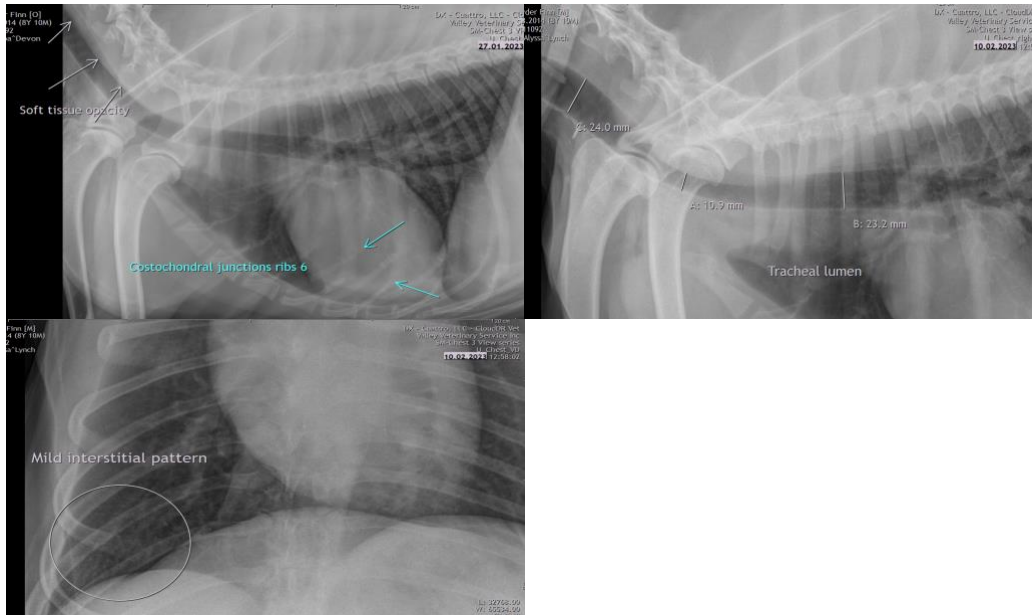
Canine

BREED

Lab

SEX

Neutered Male



AGE

8

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.

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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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