

**PATIENT PRESENTING CLINICAL SIGNS**

**Luke Levinson** History: Progressive increased upper respiratory sounds (stridor) over past year with exercise intolerance and frequent throat clearing coughs, suspect GOLPP. Rads taken to rule out any other potential causes and as Sr. screen.

**SPECIES**

**Canine** Abnormal PE/Chem/CBC/UA Results: From Sept.: Na/K 39 H, Plt 167 L, USG 1.50 with pH 7.5 and protein 1+ and struvite crystals 0-1 hpf

**RADIOGRAPHIC STUDY OF THE THORAX****BREED**

**Labrador** The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.  
The bony structures appear physiological.

**SEX**

**Neutered Male** 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**

**11 Years** The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. Air is present in the cranial cervical and mid-thoracic esophagus.

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

**INTERPRETED BY**

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

**RADIOGRAPHIC DIAGNOSIS**

- I can see no abnormalities

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****HOSPITAL NAME**

**Boca Park AH** Laryngeal paralysis can be diagnosed, and the severity assess with the help of ultrasound or during laryngoscopy. This will help determine if surgery is necessary.

**REFERRING VET**

**Dr. Hill**

**INVOICE**

**13893**

**DATE**

**2/11/22**



**PATIENT**

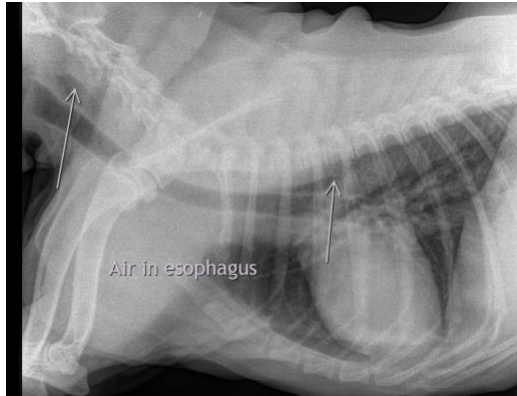
Luke Levinson

**SPECIES**

Canine

**BREED**

Labrador



**SEX**

Neutered Male

**AGE**

11 Years

**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 Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
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