



**PATIENT PRESENTING CLINICAL SIGNS**

**Sami Dorf** History: 10 yr old Cavachon- pre dental labs wnl. has a history of coughing. 1.5 yrs ago good response to doxy per owner. rads then showed bronchitis. today's preanesthetic rads taken. She has been on doxy x 2-3 days. hypercapnia during anesthesia. some inflammation of epiglottis noted- however dog had been barking prior to procedure. uneventful recovery.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

The bony structures appear physiological.

Cavachon Mix

The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are hardly visible on the lateral and only just visible on the VD view. The bronchial tree is thin walled and tapers towards the periphery.

**SEX**

Spayed Female

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina; no ET tube is visible.

**AGE**

10 Years

The cardiac silhouette is slightly elevated from the sternum by fat. It occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident on the lateral views, on the VD the impression of a reversed D-shape is present.

**RADIOGRAPHIC DIAGNOSIS**

- Interstitial pattern
- Possible right sided enlargement
- Obesity

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A reverse D-sign could be the result of increased pulmonary resistance (e.g. fibrosis), but the main pulmonary arteries are not enlarged. Thus, the cardiac shape could be the result of poor re-inflation of the right lung lobes in association with the increased amount of pericardial fat.

**HOSPITAL NAME**

Tenaflly VC

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:

**REFERRING VET**

Marcela Salas

- 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)

**INVOICE**

21175

Tracheal in combination with bronchial collapse 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 mitral valve and left atrial size as well as bronchoscopy to obtain a BAL and to look for bronchial collapse is recommended. Should an underlying disease be present treatment may improve the clinical signs.

**DATE**

2/17/23



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

Sami Dorf

**SPECIES**

Canine

**BREED**

Cavachon Mix

**SEX**

Spayed Female

**AGE**

10 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

Tenaflly VC

**REFERRING VET**

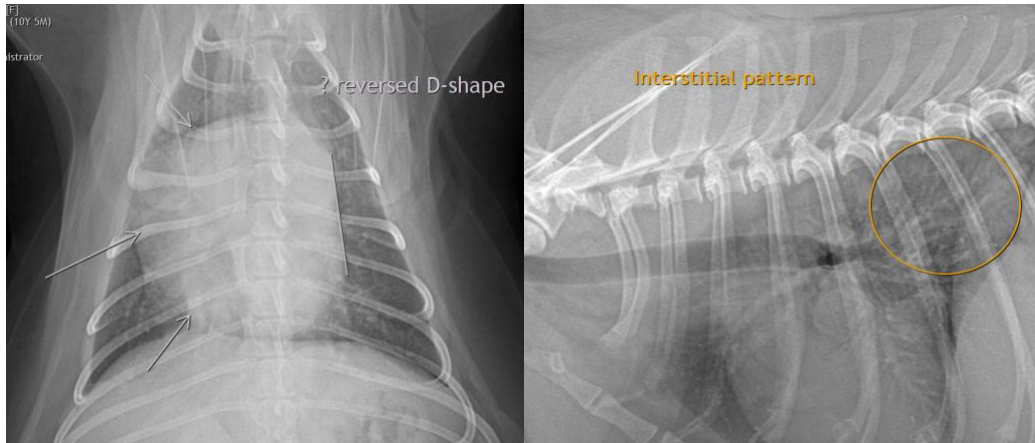
Marcela Salas

**INVOICE**

21175

**DATE**

2/17/23



**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  
dr.h.rudorf@gmail.com