



PATIENT PRESENTING CLINICAL SIGNS

Oso BBF History: The patient has had a LOUD expiratory stridor since January 2023, apparently has a hx of hypothyroidism and is currently on 0.7mg thyrotabs BID. no murmur... DDX Laryngeal paralysis, Laryngeal brake, laryngeal mass, Horners, tracheal collapse . dx Mega esophagus incidental
 Abnormal PE/Chem/CBC/UA Results: Blood work as per RDVM is normal and total T4 today was high 10

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

BREED

Chow Chow Mix

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible. The bronchial tree is thin walled and tapers uniformly towards the periphery.

SEX

Neutered Male

The tracheal air-shadow is severely reduced on all views and ventrally displaced in left lateral recumbency. On the DV it is displaced to the right. The entire esophagus contains a large amount of air.

AGE

9 Years

The cardiac silhouette occupies 70% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is obvious.

RADIOGRAPHIC DIAGNOSIS

- Megaesophagus
- Tracheal collapse

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A generalized megaesophagus without alteration of its air column can be present when the animal is under G.A. or sedation. In awake animals the esophagus should be contracted. Part of the esophageal wall is superimposed onto the tracheal lumen but tracheal displacement and narrowing is likely caused by tracheal collapse. 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 mitral valve and left atrial size as well as bronchoscopy to obtain a BAL is recommended. Should an underlying disease be present treatment may improve the clinical signs.

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. F. Ortiz

To confirm or disregard megaesophagus, a lateral radiograph after ingestion of food mixed with Barium should be obtained.

INVOICE

21272

DATE

2/23/23



PATIENT

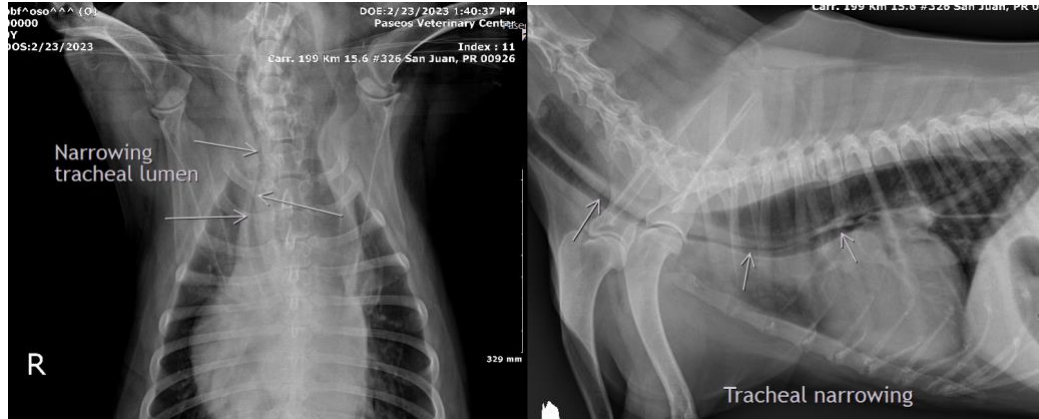
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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