



PATIENT PRESENTING CLINICAL SIGNS

Charlie Lugo
 O STATES P HAD ANNUAL VISIT IN DECEMBER A MURMUR WAS DETECTED BUT P WAS NOT SYMPTOMATIC. A MONTH LATER STARTED COUGHING GETTING PROGRESSIVELY WORSE. ALSO NOTICING EXERCISE INTOLERANCE. ALSO BREATHING HEAVIER AT HOME. DOES NOT COUGH WHILE SLEEPING.

SPECIES

Canine

BREED

Long-Haired Chihuahua

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; mild exudate, no erythema AU; No cough on tracheal palpation! Oral Cavity: mod dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Two ~1 cm SQ soft movable masses ventral thorax. ~1.5 cm soft dermal mass LH CV/Respiratory: Grade V/VI murmur, no crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 6.5/9 Neurological: Appropriate

SEX

NM

RADIOGRAPH OF THE THORAX

RLR, LLR, DV

AGE

12 Years, 6 Months

RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with a small chest wall lipoma on the right and ventral to the sternum.

INTERPRETED BY

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

Rib 13 is not present on the left.

HOSPITAL NAME

DPC Veterinary Hospital

The right caudal lobe is slightly displaced medially, away from ribs 9 and 10; a pleural fissure is evident between the right middle and caudal lobes. The left cranial lobe is slightly displaced away from ribs 2 to 5. The lobar vessels are visible and the diameter of the vessels for the cranial lung lobe is approx. 50% of the proximal third of the third rib. The caudal lobar vessels appear to have a physiological size. Some peripheral bronchi are also highlighted

The cranial mediastinum is of physiological size and opacity. The trachea is elevated, and the carina is displaced dorsally. The lumen of the terminal 5cm of the trachea is reduced from dorsally by a soft tissue opacity, this seems to extend into the main stem bronchi.

REFERRING VET

Dr. White

The cardiac silhouette occupies 95% of the chest height and 4 intercostal spaces (VHS 12). The caudal heart border is straight and tenting of the left atrium is present.

RADIOGRAPHIC DIAGNOSIS

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- Generalized cardiomegaly
- Tracheal and bronchial collapse
- Mild interstitial pattern
- Possible mild pleural effusion

DATE

3-16-22

- Incidental findings:
- Transitional vertebra
 - Chest wall lipomata



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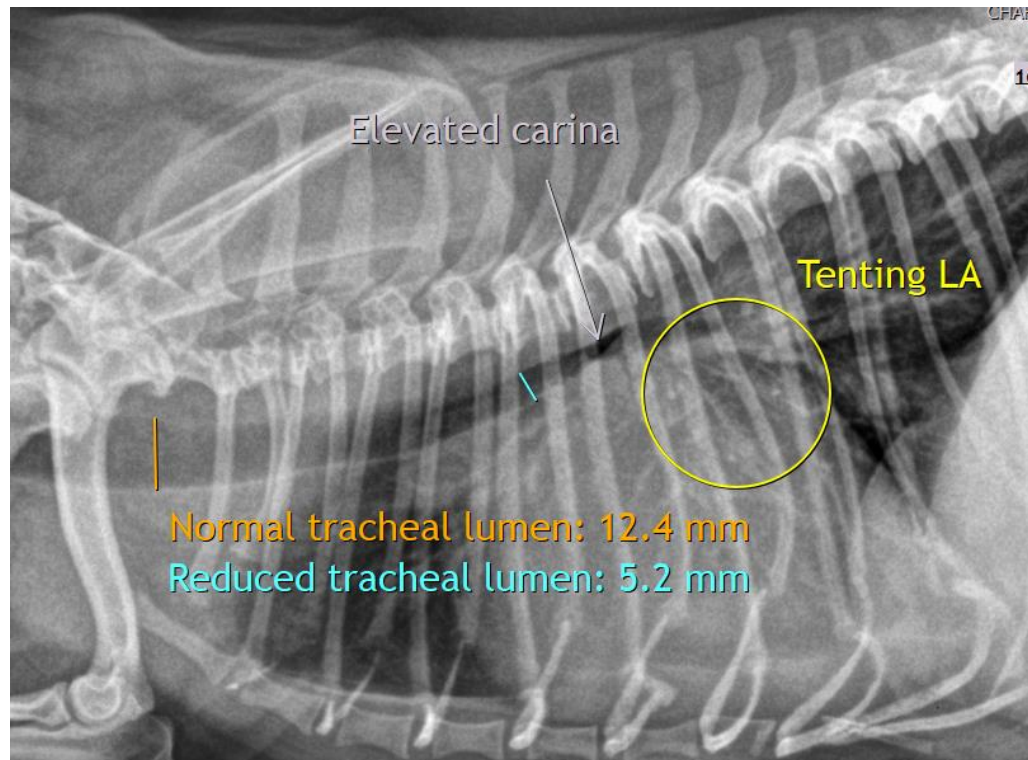
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiomegaly is mostly left sided but may affect the right as well. The mild interstitial pattern could be the result of cardiogenic edema and the retracted lung lobes in an otherwise slim dog are suggestive of pleural effusion which may be due to right sided failure. However, localized fat accumulation can also cause these changes. Thus, echocardiography is recommended to assess both AV-valves and to check for a small amount of pleural fluid.

Tracheal in combination with bronchial collapse is usually caused by chondromalacia and is thus 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. Tracheo-bronchoscopy is the method of choice for this diagnosis, but I recommend treating the cardiac disease.





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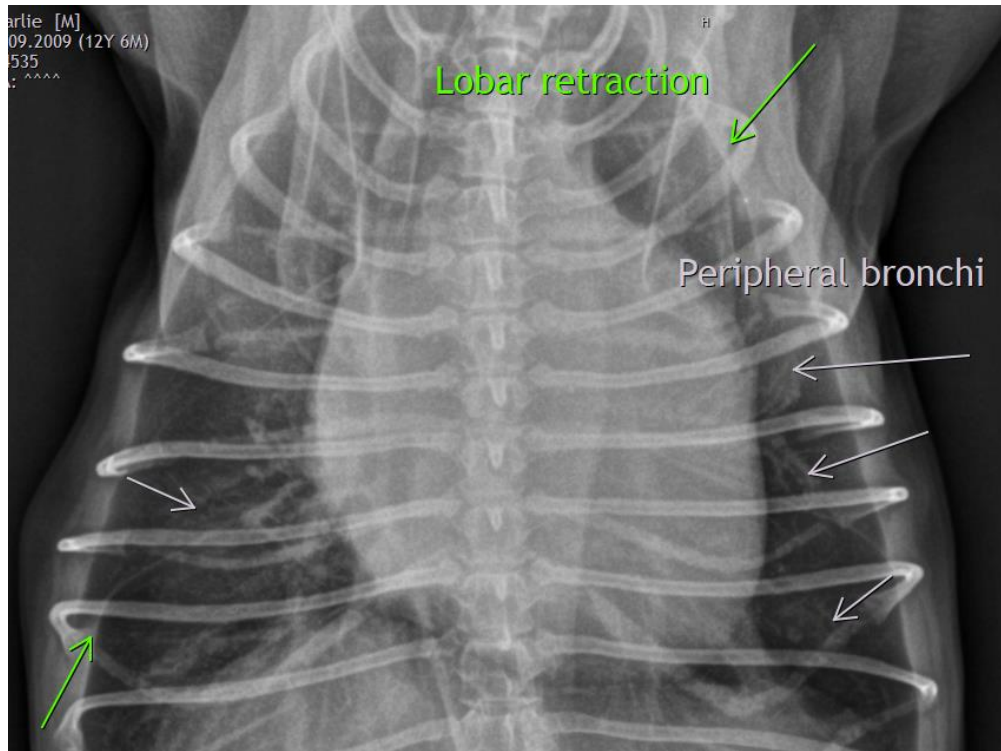
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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