



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jax Ebrus	PRESENTED FOR: Coughing. REPORTED SYMPTOMS: He has been having a on and off cough for the past few months. In the past week or so the cough has gotten much worse and frequent, occurring at all times of the day. It's a deep cough but never produces and discharge. VITALS: 14 pounds Temperature: 103.3 Heart Rate: 100 bpm Respiratory Rate: 220 bpm panting Mucous Membrane Color: pink Capillary Refill Time: <2 CURRENT MEDICATIONS: None Not on heartworm prevention EXAM FINDINGS: Respiration appears normal. Normal bronchovesicular sounds are ausculted bilaterally. No nasal discharge present. LAB RESULTS: The Heartworm Antigen Test reveals no evidence of heartworm infection. Early infections may not be detected. No microfilaria present in a drop of blood on a slide. ASSESSMENT AND PLAN: Harness or Gentle Leader recommended for walking. No treatment begun pending rad interp.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Jack Russell Terrier	
<b>SEX</b>	<b>RADIOGRAPH OF THE THORAX</b>
Neutered Male	R and L lateral, DV and VD
<b>AGE</b>	<b>RADIOGRAPHIC FINDINGS</b>
3 Years, 5 Months	The bony structures appear physiological.
<b>INTERPRETED BY</b>	On the view with the legs extended cranially the region to the right of the caudal vena cava shows an increased lung opacity with an impression of an airbronchogram. This is not appreciated on the left lateral recumbent view.
Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR	The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. The lumen of the caudal cervical trachea appears to be reduced by a dorsal soft tissue opacity.
<b>HOSPITAL NAME</b>	The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS 10.5). No chamber or outflow tract enlargement is evident.
All Pets Medical Center	<b>RADIOGRAPHIC DIAGNOSIS</b>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>• Possible lung infiltrate R caudal lobe</li> <li>• Possible tracheal collapse</li> </ul>
Dr. Agnes Rupley	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>INVOICE</b>	The change in tracheal size is present on both lateral views but it may represent an artefact as it is located on the edge of the images. Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. 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.
50979	
<b>DATE</b>	The pulmonary change is, however, only visible on one view. Considering the long period of the clinical signs, trachea-bronchoscopy and broncho-alveolar lavage are necessary to rule out an inhaled foreign body and bronchitis the latter of which may not be visible on radiographs.
3-16-22	



**PATIENT**

Jax Ebrus

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Neutered Male

**AGE**

3 Years, 5 Months

**INTERPRETED BY**

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

**HOSPITAL NAME**

All Pets Medical  
Center

**REFERRING VET**

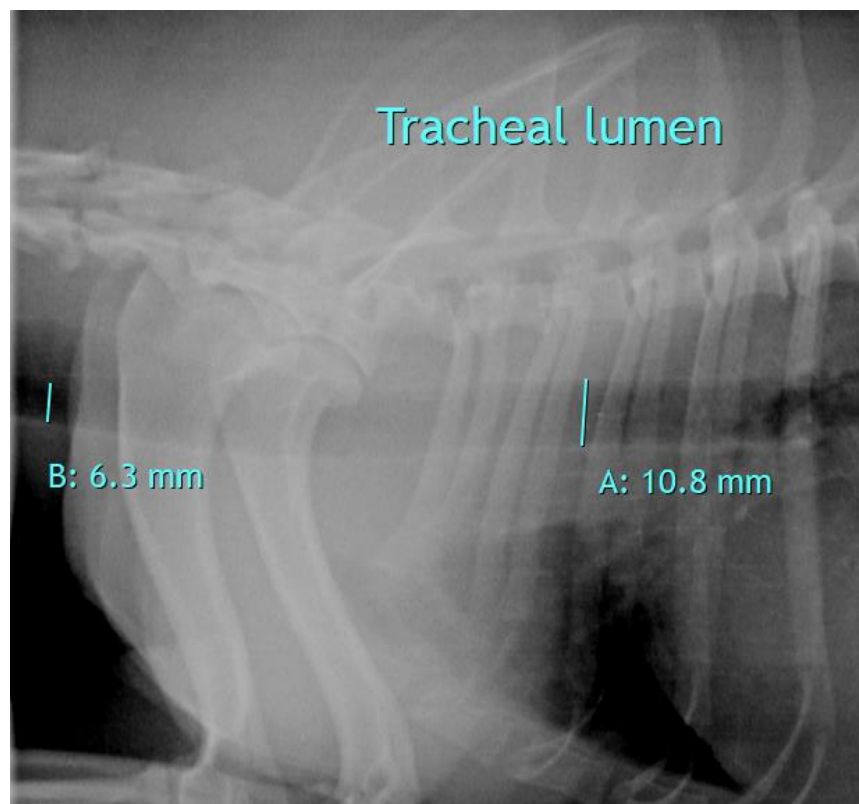
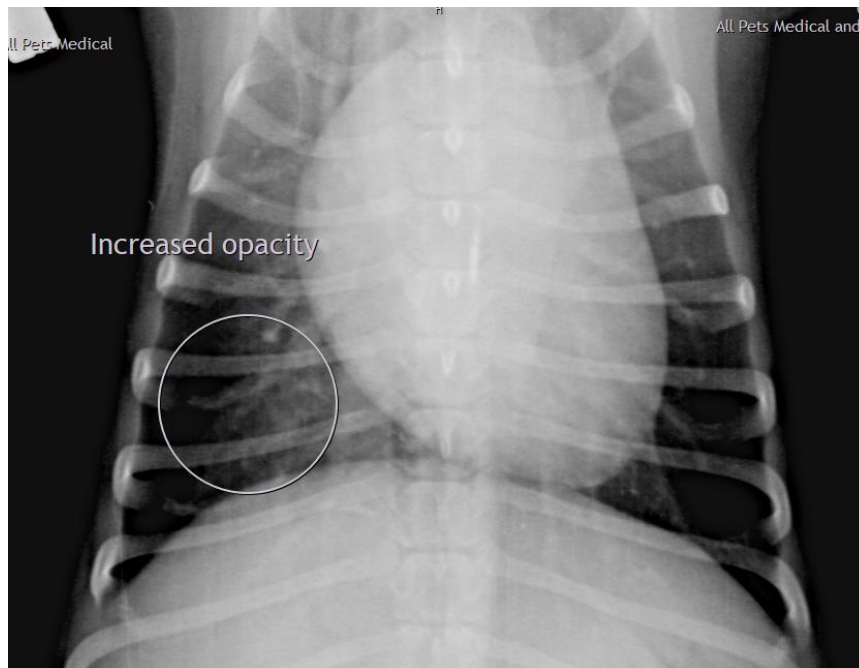
Dr. Agnes Rupley

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**PATIENT**

Jax Ebrus

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.

**SPECIES**

Canine

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.

**BREED**

Jack Russell Terrier

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
Dr.H.Rudorf@gmail.com

**SEX**

Neutered Male

**AGE**

3 Years, 5 Months

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