



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daisy Devereaux
PRESENTING CLINICAL SIGNS History: Reason for Visit: cough History: 6y 10m old Maltipoo presenting for nonproductive cough. p usually coughs when excited, but last night was up all-night coughing/having a hard time breathing. Was at groomer 1.5 weeks ago Was here for coughing 4 months ago, resolved with cough tabs other than when excited.

SPECIES

SPECIES Canine
 Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: Epiphora OU (R>>L), half dozen long thin hairs coming from medial canthus OD touching cornea. None seen on left side. Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: mild wheezing bilaterally Abd/GI: N Uro/Perineum: N Musculoskeletal: N Neurological: N

BREED

BREED Maltipoo

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7/9 with a large amount of subcutaneous fat.

SEX

The bony structures appear physiological.

SEX Spayed Female

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

AGE 6 Years 10 Months

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina; the lumen is air filled.

The cardiac silhouette occupies 85% of the chest height and 3.5 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

INTERPRETED BY

A metal clip in the region of each ovary.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

HOSPITAL NAME DPC Veterinary Hospital

Bronchitis can be present without radiographic evidence. Tracheal and/or bronchial collapse may be present but may have gone unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g., pneumonia, bronchitis, L cardiac enlargement) reduced the ease of airflow. Echocardiography to rule out mitral endocardiosis as well as bronchoscopy with broncho-alveolar lavage to rule out infection and inflammation is recommended. Assessment of tonsillar size and vocal cords is possible prior to intubation. Should an underlying disease be present treatment may improve the clinical signs. Faecal samples should be examined to rule out parasites.

REFERRING VET

REFERRING VET Dr. Feldt

INVOICE

INVOICE 21443

DATE

DATE 3/3/23



PATIENT

Daisy Devereaux

SPECIES

Canine

BREED

Maltipoo



SEX

Spayed Female

AGE

6 Years 10 Months

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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