



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bear Greene
SPECIES Canine
BREED Rottweiler
SEX Neutered
AGE 5 Years, 11 Months

Monday he got an Bilateral Shoulder Ultrasound for Injections in the shoulder. Monday night he ate and started gagging and hard swallowing. Wednesday went to Franktown vet and they were to scared to look in the mouth to see if anything was stuck. So they gave Cerenia and Famotidine to see if that will help. Liz said that the Cerenia helped a little and they finished that and he was right back to the hard swallowing and gagging. As the days went on the slower he started to eat even if Liz put water on the food and it took him 10 mins this AM to even eat it.
 Abnormal PE/Chem/CBC/UA Results: PE: Looked and appeared healthy other than the gagging and hard swallowing. NO RECENT LABS

RADIOGRAPH OF THORAX AND NECK

Thorax: RLR, LLR, VD
 Neck: 1x lateral

RADIOGRAPHIC FINDINGS

Thorax

The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The width of the caudal lobar vessels at the intersection with rib 9 is approx. 50% and the diameter of the caudal lobar vessel is also approx. 50% of the width of the proximal third of rib 4.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

Neck

An in situ calcified disc is present between C3 and C4. The head is rotated, and one wing of the atlas extends across the retropharyngeal space to the laryngeal region. The air shadows in naso-, oro- and laryngopharynx as well as in the trachea appear physiological. Neither the cricopharyngeal sphincter nor the esophagus are outlined by air. Faint, linear fat opacities are evident in the retropharyngeal region.

RADIOGRAPHIC DIAGNOSIS

- Microcardia and hypovolemia, mild
- Disc mineralization (incidental finding)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no foreign object or explanation for the clinical signs and further examinations are thus recommended. Visual inspection especially of the tongue (e.g. foreign body), tonsils (e.g.

INVOICE

51291

DATE

4-1-22

INTERPRETED BY

Heike Rudolf, DVM,
 Dr. med. Vet.,
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HOSPITAL NAME

Elizabeth Animal
 Hospital

REFERRING VET

Leon Anderson, DVM



PATIENT

Bear Greene

enlargement/tumor) and larynx (e.g. paralysis) is recommended. Ultrasound of tongue and retropharyngeal regions can also help detect a foreign object (e.g. wood). In case a neurological problem is present, fluoroscopic observation of a Barium swallow can help identify if any/which of the swallowing phases is abnormal. In people post extubation dysphagia (PED) has been described in trauma and critical care patients requiring endotracheal intubation for mechanical ventilation. However, it is clearly linked to preexisting neurological disorders that cause swallowing abnormalities, such as stroke or neuromuscular diseases.

SPECIES

Canine

The cardiac silhouette of the Rottweiler breed I usually more rounded with a cranio-caudal diameter approaching 3.5 ICS; I thus feel the dog is slightly dehydrated. The usual cause for this is chronic vomiting or diarrhea but an inability to swallow liquids would also explain it.

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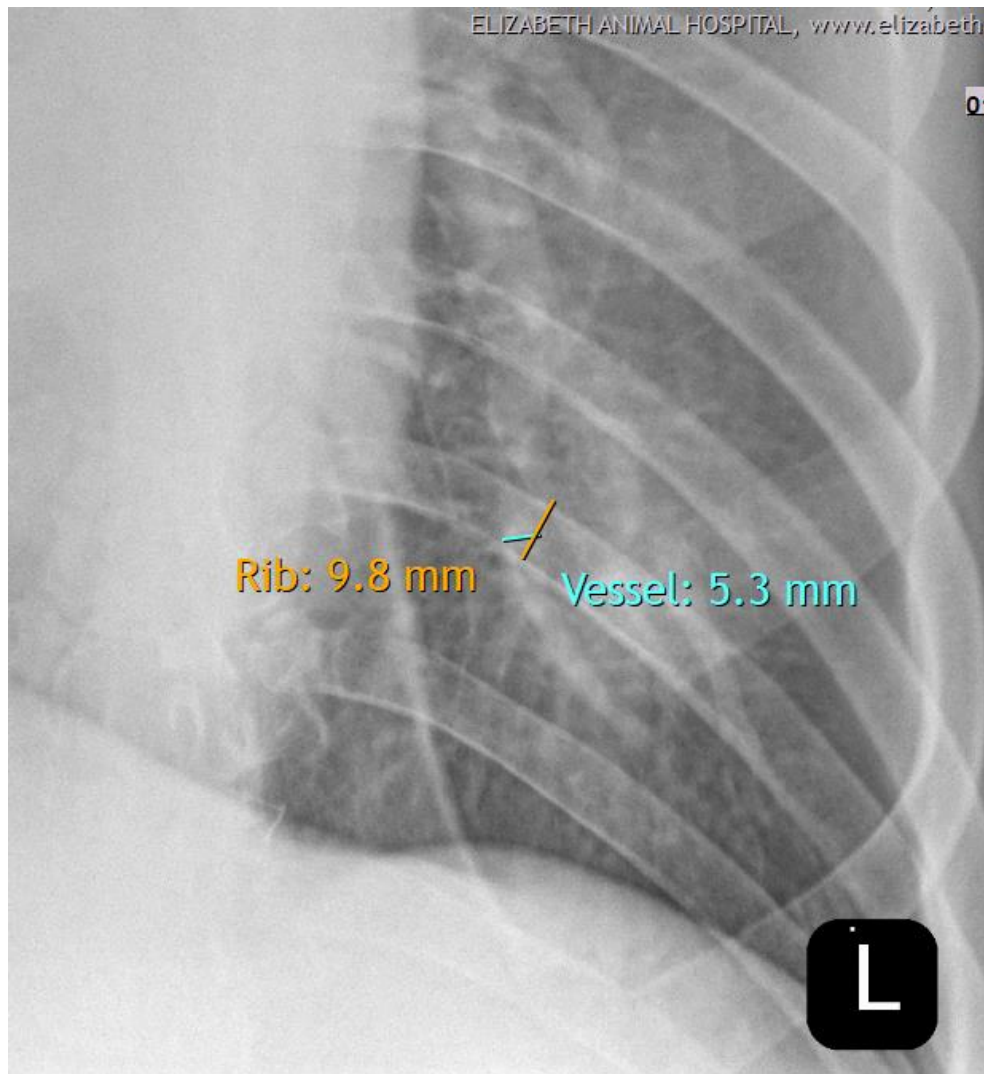
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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