



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Fox Harmon
SPECIES Canine
PRESENTING CLINICAL SIGNS History: Fox presents today for possible reverse sneeze. Started about a week ago. -Occurs around once an hour. Everyday. -Coughing lasts around a minute. -No other concerns No travel, no ticks, no toxins, no trauma. Medical Hx: None EDUD fine C/S: Coughing. No sneezing. V/D: None Drinking SAME Energy is normal, no concerns. Slightly lower. Current diet: Wysong, free feed Diet changes - None Current medications: None On Simparica and Heartgard. Cough: r/o upper respiratory disease vs lower respiratory disease

RADIOGRAPHIC STUDY OF THE THORAX

BREED Pomeranian Mix
SEX Neutered Male
AGE 3 Years
PRESENTING CLINICAL SIGNS The body condition score is 6-7/9 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. A mixed alveolar-interstitial pattern is located in the ventral lobes, especially where they are superimposed onto the cardiac shadow. On the DV view the caudal portion of the left cranial shows a thin, airbronchogram surrounded by a tubular to rectangular, soft tissue opacity. On the right, similar changes are present in the intercostal space ribs 3 and 4, as well as between ribs 6-8. The size of the pulmonary vasculature appears physiological. The cranial mediastinum is of physiological size and opacity. The trachea diverges slightly from the thoracic vertebrae and dips at the carina. The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VH 9.5). No chamber or outflow tract enlargement is evident.

INTERPRETED BY

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

RADIOGRAPHIC DIAGNOSIS

- Ventral mixed pulmonary infiltrate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

DTLAvets

The location of the pulmonary infiltrate suggests an aspiration pneumonia. Inflammatory infiltrate and hemorrhage are differential diagnoses but due to the distribution and absence of hemoptysis, unlikely. The infiltrate is likely the reason for the cough and may also cause reverse sneezing. However, the reverse sneezing could be related to upper respiratory problems such as e.g., nasal disease, tonsillitis, laryngeal/pharyngeal mass lesions. This in turn could be causing the lower respiratory signs of aspiration. Thus, I feel that further investigations (visual inspection of naso- and oropharynx as well as trachea-bronchoscopy with alveolar lavage) are required if symptomatic treatment for pneumonia is not successful.

REFERRING VET

Dr. Montoya

INVOICE

22007

DATE

4/14/23



PATIENT

Fox Harmon

SPECIES

Canine

BREED

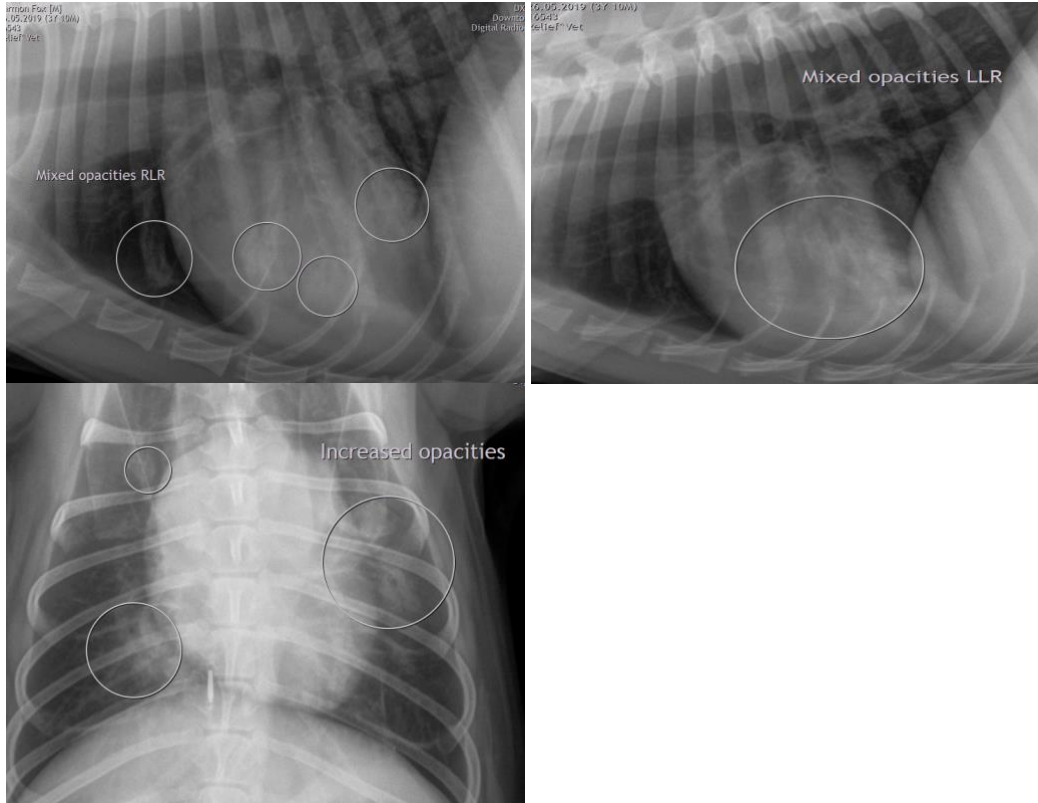
Pomeranian Mix

SEX

Neutered Male

AGE

3 Years



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DipECVDI DVR

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.

HOSPITAL NAME

DTLAvets

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