



PATIENT PRESENTING CLINICAL SIGNS

Meka Body History: Appx 1 month history of cough. Worse with excitement. Good energy and appetite. Cough is a deep, retching cough per owner. Coughs/gags up phlegm. No travel history (mountains of New Mexico is our local area).

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Cough was NOT elicited on tracheal palpation, but she did gag up large amount of white, thick phlegm in exam room. Temperature was 103.3, but also very excited at time of exam. No abnormal exam findings other than elevated temperature and phlegm. CBC is unusual - WBC of 28,720 with normal neutrophil count and elevation in lymphocytes at 6,600 and very elevated eosinophil count of 10,700. Chemistry - mild elevation in globulins at 4.9 g/dL.

BREED

Maltese X

RADIOGRAPHIC STUDY OF THE THORAX

SEX

The body condition score is 7-8/9 with smooth alternating layers of fat and soft tissue opacity.

Spayed Female

Mild spondylosis is present on the T/L junction.

AGE

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible and so are the peripheral bronchi.

2 Years

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

INTERPRETED BY

The cardiac silhouette occupies 75% of the chest height and 3.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

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

The ventral liver lobe extends to the level of rib 13 and is pointed. The gastric axis is physiological.

RADIOGRAPHIC DIAGNOSIS

HOSPITAL NAME

- Interstitial pattern

Ruidoso AC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Amanda Favis

The radiographic findings in association with the haematology findings are suggestive of chronic lower airway disease. Eosinophilic/allergic bronchopneumopathy is a potential as well as infectious bronchitis such as viral, bacterial, parasitic, or protozoal. Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is necessary to come to a conclusive diagnosis. Alternatively, a clinical trial of treatment for eosinophilic bronchopneumopathy and infectious bronchitis is possible.

INVOICE

14786

DATE

4/15/22



PATIENT

Meka Body

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

2 Years

INTERPRETED BY

Heike Rudorf, DVM,
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HOSPITAL NAME

Ruidoso AC

REFERRING VET

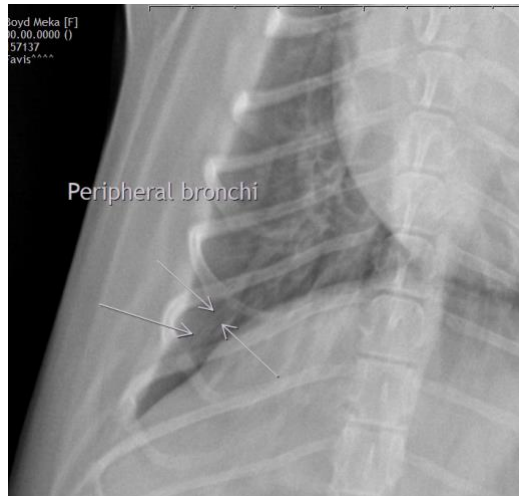
Amanda Favis

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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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com