



PATIENT	PRESENTING CLINICAL SIGNS
Cougar Gillis	Throat clearing like cough sound, that is becoming more frequent and intense. Brought on with activity or on collar/leash.
SPECIES	Abnormal PE/Chem/CBC/UA Results: BW from April Results: CBC is wnl. ALP = 590 T4 = 2.3 HWT negative Urinalysis: spgr 1.031, ph = >9, 2-5 wbc, 1= epi cells, 1= struvite crystals.
Canine	RADIOGRAPH OF THE THORAX
BREED	2 orthogonal views
Labrador Retriever	RADIOGRAPHIC FINDINGS
SEX	The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity. New bone is present on the cranial aspect of one greater tubercle (likely the left) and the trabecular structure appears less organized. A bony spur is located on the other caudal humeral head. Ventral spondylosis is present on several vertebrae and dorsal to some intersternbral spaces. The T11/12-disc space is reduced.
Female Spayed	The degree of pulmonary expansion is fair. The ventral lobes are dorsally displaced by a fat opacity. The lobar vessels are visible on the DV view; some peripheral bronchi are highlighted in the left caudal lobe.
AGE	The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. The trachea runs parallel to the thoracic vertebrae and dips at the carina.
12 Years	The cardiac silhouette occupies 75% of the chest height and 3.5 intercostal spaces. No chamber or outflow tract enlargement is evident.
INTERPRETED BY	RADIOGRAPHIC DIAGNOSIS
Heike Rudolf, DVM, Dr. med. Vet., DipECVDDI DVR	<ul style="list-style-type: none"> • Interstitial pattern <p>Incidental findings:</p> <ul style="list-style-type: none"> • Spondylosis • Disc space reduction T11/12 • Mild OA one shoulder (poss. R) • New bone along greater tubercle of other shoulder (poss. L)
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Countryside Animal Clinic	An interstitial lung pattern is a non-specific finding and accentuated by the fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:
REFERRING VET	<ul style="list-style-type: none"> • Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic) • Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation) • Edema • Hemorrhage • Fibrosis • Tumor (e.g. lymphoma)
Dr. Kristina Cox	Considering the breed, laryngeal paralysis should be ruled out ultrasonographically or with visual
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PATIENT

Cougar Gillis

inspection before further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage is carried out. Obesity is known to worsen clinical signs of cough and impair lung function; weight control is recommended.

SPECIES

Canine

The mottled trabecular structure on the humerus with new bone along the greater tubercle could be the result of superimposed new bone or bone destruction. Manual examination can be followed by a lateral radiograph of the shoulder joints to rule out neoplasia.

BREED

Labrador Retriever

TECHNICAL COMMENTS

Lateral thoracic view tilted.

Only jpg. images have been submitted. The transformation from DICOM to other formats reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports, I suggest submitting DICOM images in the future.

SEX

Female Spayed

AGE

12 Years

INTERPRETED BY

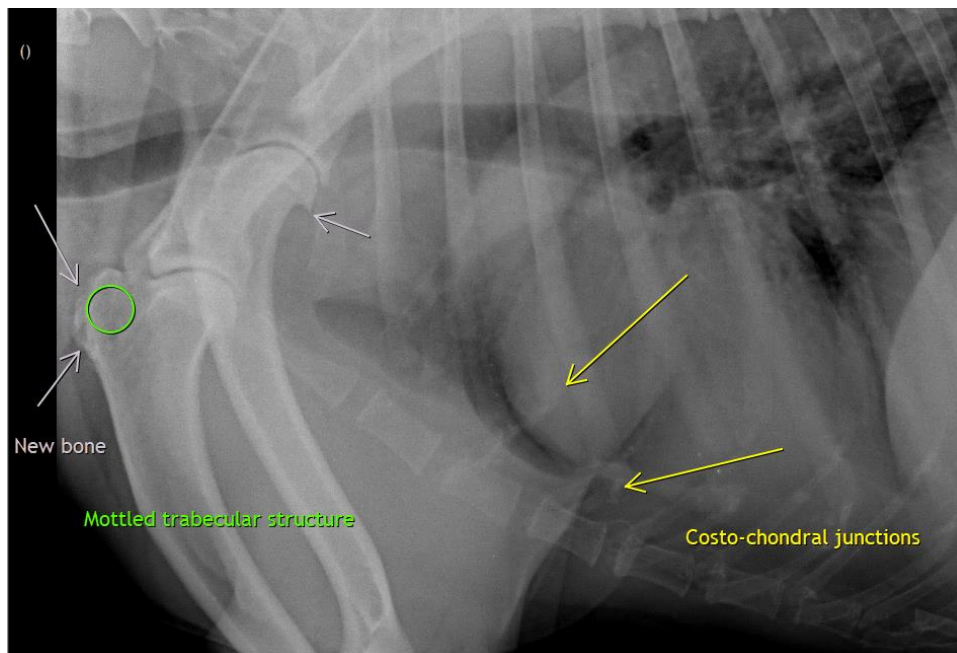
Heike Rudorf, DVM,
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Clinic

REFERRING VET

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PATIENT

Cougar Gillis

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female Spayed

AGE

12 Years

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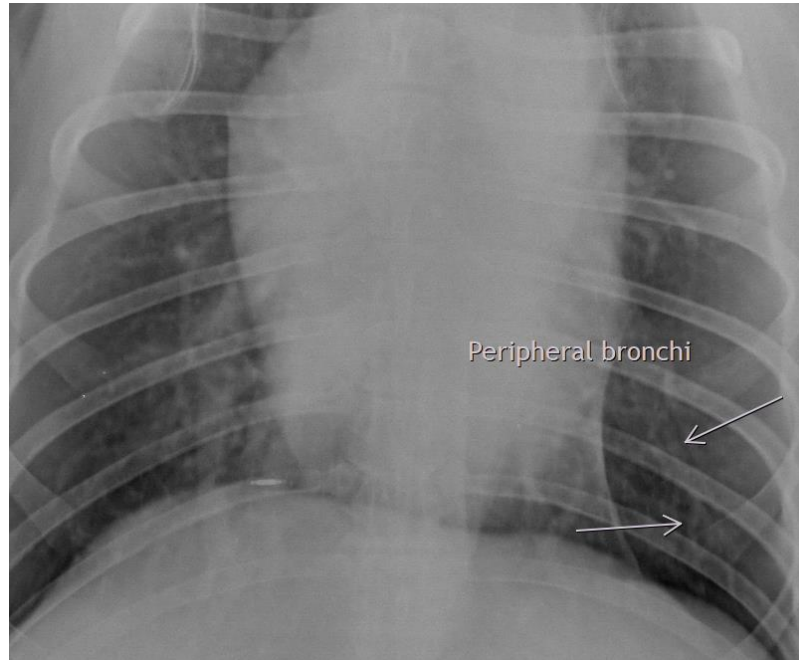
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDDI, DVR
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