



**PATIENT**

Tikanni Fingerlos

**PRESENTING CLINICAL SIGNS**

Tikanni has been occasionally breathing hard for the last 1-2 months. It may be medication related as he is on Gabapentin, Galliprant, Doxycycline and methocarbamol. The owner is concerned that pain and the meds are causing the shortness of breath but would like to rule out anything else. Tikanni sleeps for about 18-19 hours a day.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: none

**BREED**

Siberian Husky

**RADIOGRAPH OF THORAX AND NECK**

Thorax: R and L lateral, VD

Neck: 3x VD, 2x lateral

**RADIOGRAPHIC FINDINGS**

**SEX**

MN

Neck

Smooth ventral spondylosis is present on some cervical vertebrae.

Hyoid bones, laryngeal and tracheal air space appear physiological.

**AGE**

14 Years, 2 Months

The retropharyngeal space as well as the soft tissue surrounding the trachea appear homogeneous in size and layering.

**INTERPRETED BY**

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

Thorax

The body condition score is 4/9 with smooth alternating layers of fat and soft tissue opacity.

Spondylosis is present at T5/6.

**HOSPITAL NAME**

Elizabeth Animal  
Hospital

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 diameter of the vessels for the cranial lung lobes have a diameter that is equals approx. half the rib width of the proximal half of rib 4. The caudal lobar vessels are half the size of rib 9 at the intersection. The bronchial tree is thin walled and tapers uniformly towards the periphery; calcification is present.

**REFERRING VET**

Leon Anderson, DVM

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 65% of the chest height and 2 intercostal spaces (VHS 9). No chamber or outflow tract enlargement is evident.

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**RADIOGRAPHIC DIAGNOSIS**

- Microcardia
- Hypovolemia
- Bronchial calcification (incidental finding)

**DATE**

5-12-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The relatively low BCS could be the reason for the heart to appear small, but a differential diagnosis is Addison's disease. Full biochemistry should include electrolyte levels and, if they are altered, an ACTH stimulation test may have to follow. Laryngeal paralysis should be ruled out



**PATIENT** ultrasonographically in the conscious animal or under visual inspection in a heavily sedated state.

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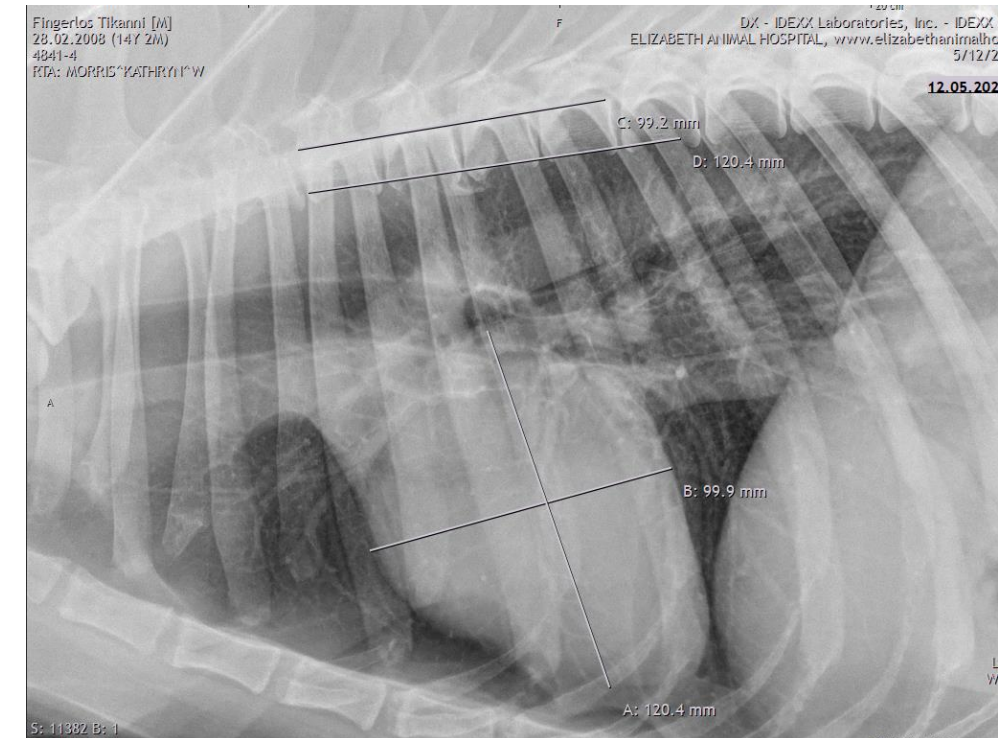
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**REFERRING VET**

Leon Anderson, DVM



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., DipECVDI, DVR  
Dr.H.Rudorf@gmail.com

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