



PATIENT PRESENTING CLINICAL SIGNS

Humphrey Swist History: Humphrey was taken to the emerg clinic 3 times within the past month or so. April 14, b/w was done, but nothing significant was shown, was given meds and told to go home. Next two times (April 17 and April 21), O went because Humphrey was having trouble breathing (heavy and panting) - clinic drained fluid from lungs and abdomen. At our clinic, was given furosemide and gabapentin and clavaseptin April 23, is doing well up till now and breathing is much better.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

BREED

The body condition score is 5/9 with smooth alternating layers of fat and soft tissue opacity.

Yorkshire Terrier

The right hip joint shows not femoral head medial to the dorsal acetabular edge.

SEX

Thorax

Neutered Male

The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible. The bronchial tree is thin walled and tapers uniformly towards the periphery.

AGE

5 Years

The cranial mediastinum is homogeneous soft tissue opacity and the cranial lung lobes are located level with ribs 4 on the lateral views. On the VD views the cardiac shadow and sternum are located to the left of the T-spine and a soft tissue opacity is present in the caudal aspect of the included thorax. On one lateral image the tracheal lumen in the thoracic inlet is reduced to approx. 0.1cm; on two other images the lumen is reduced, and the ventral wall is undulating. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

INTERPRETED BY

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

The cardiac silhouette occupies 85% of the chest height and 3.5 intercostal spaces. No chamber or outflow tract enlargement is obvious.

HOSPITAL NAME

Abdomen

Truscott AH

The abdominal detail is fair; the ventral abdominal wall is slightly pendulous.

The liver is located within the costal arch and the caudo-ventral lobe is rounded.

REFERRING VET

Medhat Meawad

The spleen appears physiological.

The stomach contains a moderate amount of food; distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of unformed fecal matter.

INVOICE

15072

Both renal shadows are superimposed by intestinal loops. The bladder shadow is not obvious.

The sublumbar region is without fat.

DATE

5/5/22



PATIENT RADIOGRAPHIC DIAGNOSIS

- Humphrey Swist
- Tracheal collapse
 - Reduced abdominal detail
 - Cranial thoracic soft tissue opacity
- SPECIES**
- R hip joint abnormality (? femoral head resection)

Canine INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED Yorkshire Terrier

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually caused by chondromalacia and is thus due to an altered cartilage development which may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g., pneumonia, bronchitis, L cardiac enlargement) reduces the ease of airflow.

SEX Neutered Male

Considering the low BCS, a caudal displacement of the cranial lobar edges is unusual though this appears to be only present on the lateral views. The increased opacity on the left side at the edge of the VD views could be due to rotation.

AGE 5 Years

The abdominal detail is most likely poor-ish due to the lack of fat, but a small amount of fluid is possible. The previously found abdominal fluid may be due to IBD, renal or cardiac disease. Ultrasound of cranial mediastinum and heart as well as abdomen is recommended.

TECHNICAL COMMENTS

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Gloved fingers in primary beam. Rotated VD thorax.

HOSPITAL NAME

Truscott AH

REFERRING VET

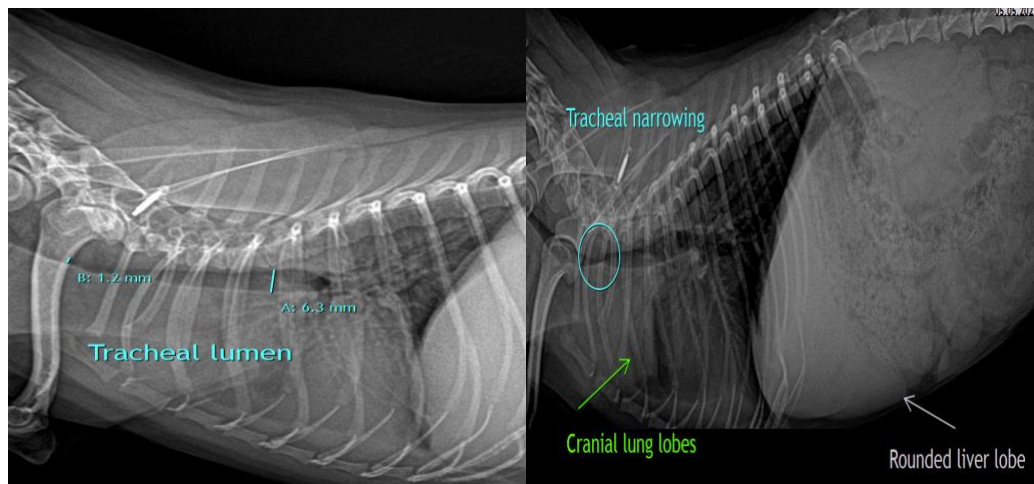
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PATIENT

Humphrey Swist

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

5 Years

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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.

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