



PATIENT

Roo Duffy

SPECIES

Canine

BREED

Duffy

SEX

FS

AGE

13Y, 3M, 4D

WEIGHT

3.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

AMC

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Geist

INVOICE

74918

DATE

5-5-26

PRESENTING CLINICAL SIGNS

Roo presents for a second opinion regarding a chronic, persistent cough that has worsened recently, and a history of intermittent gastrointestinal issues.

RADIOGRAPHS OF THE THORAX

R/L lateral and VD are provided, totaling 4 radiographs for interpretation.

RADIOGRAPHIC FINDINGS

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

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5/6. On one right lateral recumbent view the tracheal lumen is reduced by a dorsal soft tissue opacity, especially in the thoracic inlet.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces (VHS=9.5). A chamber or outflow tract enlargement is not obvious.

The lung lobes extend to the thoracic boundaries on the VD view. The cranial lobes are slightly displaced from the sternum by fat and the edges are rounded. A generalized loss of clear vascular outline is accompanied by peripheral, bronchial enhancement.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Interstitial pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually 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. The gold standard for imaging both pathologies is tracheo-bronchoscopy. Echocardiography to assess cardiac function and valvular appearance is suggested.

An interstitial lung pattern is a non-specific finding and accentuated by the surrounding fat. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy)
- Edema

Less likely:

- Diffuse hemorrhage
- Tumor (e.g., lymphoma)

Fecal samples should be obtained to rule out parasites. Bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination.



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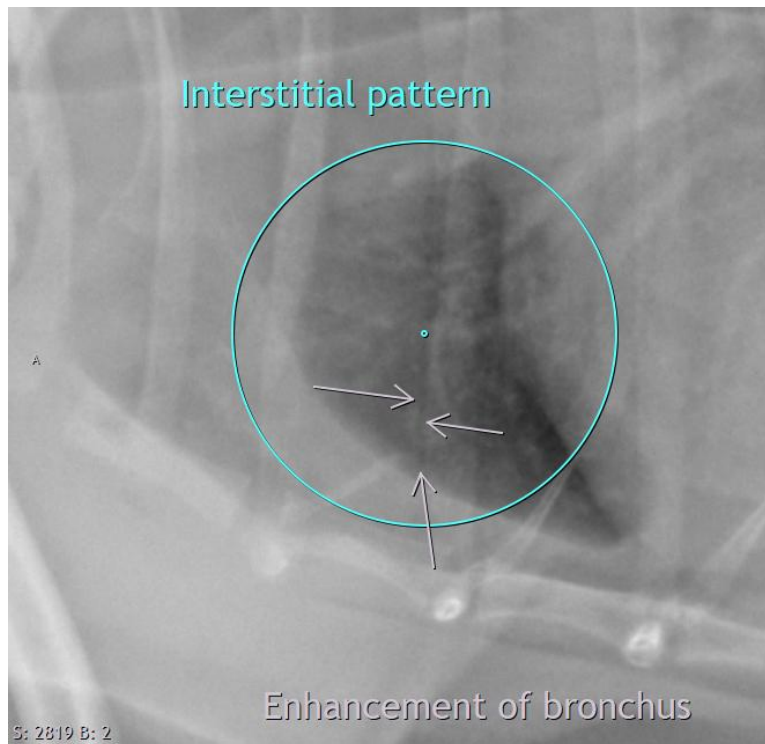
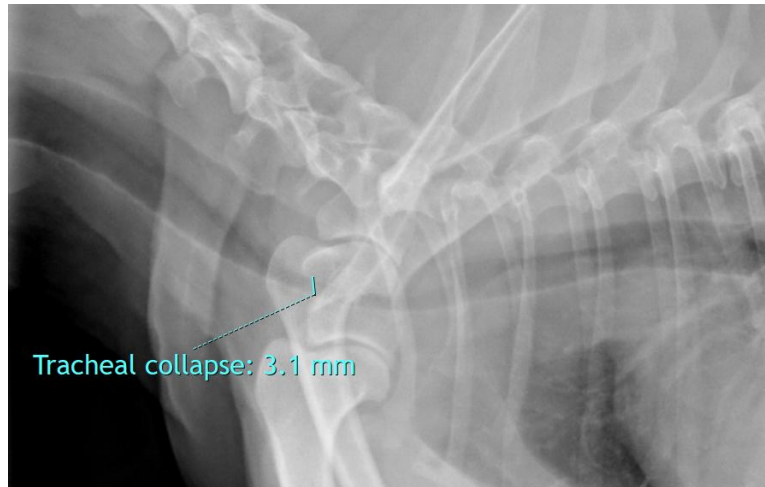
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com