



PATIENT PRESENTING CLINICAL SIGNS

Aka Palerm Nadal History: Patient started with cough during the day yesterday mid-day. Owner noted increased frequency of cough during the night. Patient had regurgitation of white saliva once. Patient presented today for acute cough with increased frequency. Patient is in a daycare daily and interacts with multiple dogs. No increase in respiratory effort. Patient is up to date in all vaccination and prevention.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

BREED

Doberman Pinscher

SEX

Neutered Male

AGE

12 Months

The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible to the secondary branches. The walls of the bronchial tree for the left caudal lobe are prominent and appear as tramlines and doughnuts. The R caudal lobar bronchi appear physiological but a nest of small nodular structures with central lucencies is present in the most caudal aspect of the lobe. On the right lateral recumbent view, small doughnuts are evident cranio-ventrally.

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 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial pattern

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In young animals the most likely underlying cause for an interstitial pattern is interstitial pneumonia. This is likely due to either canine infectious respiratory disease and Bordetella, parainfluenza, herpes, or mycoplasma. Another potential differential diagnosis that should be considered is canine distemper. The bronchial component could be due to the thickening of the interstitium or a peribronchial infiltrate e.g. with eosinophils. Empirical treatment should be initiated. Should the patient remain unresponsive to empirical treatment, further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage will have to be considered.

HOSPITAL NAME

Alejandrino AH

REFERRING VET

Dra. Lazcano

INVOICE

22963

DATE

6/16/23





PATIENT 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.

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SPECIES

Canine

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
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