



PATIENT PRESENTING CLINICAL SIGNS

Hank Webster History: Pet presented in respiratory distress, has been struggling to breathe since last night. Owner states always have typical bulldog episodes but has gotten worse today. Administered 2mg/kg torb IV and 0.03mg/kg ace IV prior to radiographs

SPECIES Abnormal PE/Chem/CBC/UA Results: Pet sitting in orthopneic position, muddy mm, harsh lung sounds with referred upper respiratory sounds, mild crackling

Canine

RADIOGRAPHIC STUDY OF THE THORAX

BREED The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

English Bulldog Congenital vertebral anomalies (e.g. wedge shape) are present between T5 and T12.

SEX The degree of pulmonary expansion is fair and the dome of the diaphragm is superimposed onto the caudal heart border. The lungs are in contact with the thoracic boundaries and the tips are pointed. The outline of the tertiary vessels is blurred. In the left lateral recumbent views two air bronchograms are just visible in the third intercostal space overlying the ventral half of the cranial heart border.

Canine

AGE The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina, its air shadow is homogeneous in size in left lateral recumbency. In right lateral recumbency the dorsal half of the trachea shows a linear increase in opacity which narrows the tracheal air shadow down to approx. 50%.

3.5 Years

INTERPRETED BY The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. The left side of the heart is not clearly outlined on the DV view.

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

RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern
- Possible alveolar infiltrate right cranial lobe
- Possible tracheal collapse
- Obesity
- Congenital vertebral anomalies

HOSPITAL NAME

Boca Park AH

REFERRING VET

Dr. Corinna Gorgon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is very difficult to obtain meaningful radiographs in animals with respiratory difficulties and poor lung expansion in combination with movement blur can mimic an alveolar infiltrate. However, the location of the presumed air-bronchograms are in the ventral lobes which could be due to aspiration pneumonia.

INVOICE

15966

The generalized interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field and obesity of the patient. Possible differential diagnoses for a true infiltrate include:

DATE

6/7/22

- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)



PATIENT

Hank Webster

- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
- Edema
- Hemorrhage
- Fibrosis
- Tumor (e.g. lymphoma)

SPECIES

Canine

Increased respiratory effort can also be the result of a pulmonary embolus. Thus, tracheobronchoscopy with bronchoalveolar lavage is recommended to rule out more obvious disease processes. Three end-inspiratory thoracic views can be obtained under the same G.A. avoiding movement blur by gentle bagging. The larynx should be assessed for paralysis, collapse, laryngeal edema and viral infection. Tracheal collapse will also be obvious if present.

BREED

English Bulldog

Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.

SEX

Canine

TECHNICAL COMMENTS

The RLR view is grainy, one LLR view shows movement blur.

AGE

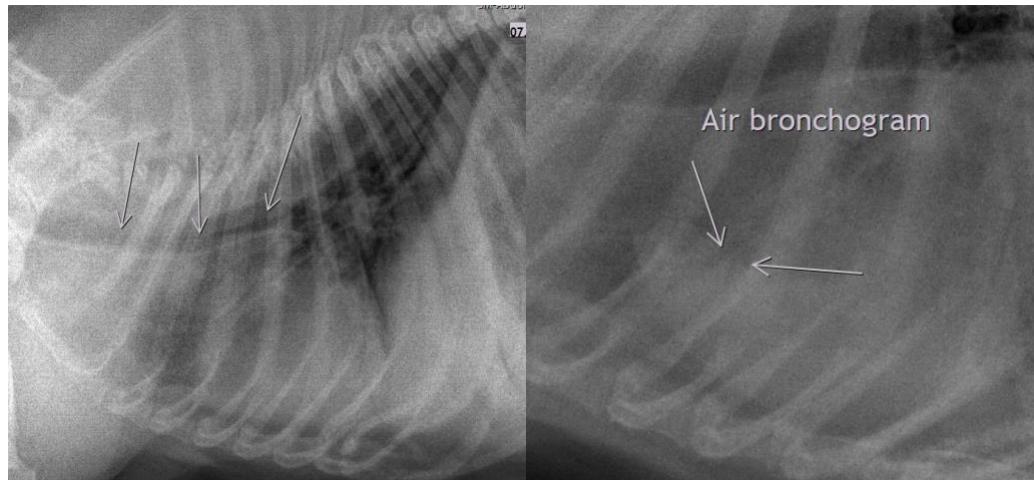
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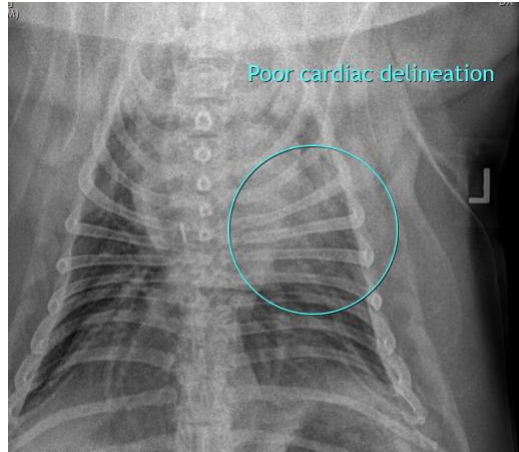
Hank Webster

SPECIES

Canine

BREED

English Bulldog



SEX

Canine

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.

AGE

3.5 Years

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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