



PATIENT PRESENTING CLINICAL SIGNS

Louie Diaz History: trouble breathing, open mouth all the time, collapsed twice after mild exercise, started a few months ago, no heart murmur or arrhythmia heard

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

Canine The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.
The bony structures appear physiological.

Yorkiepoop 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 only the outline of the tertiary branches is blurred. The bronchial tree is thin walled and tapers uniformly towards the periphery.

SEX The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and the carina is in line with the trachea. The tracheal air space in the thoracic inlet is slightly reduced. The cranial cervical esophagus contains a small amount of air.

Neutered Male The cardiac silhouette occupies 90% of the chest height and 3.5 intercostal spaces (VHS approx. 11). No chamber or outflow tract enlargement is obvious.

AGE RADIOGRAPHIC DIAGNOSIS

2 Years

- Obesity
- Expiratory views

INTERPRETED BY INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR I can see no lung infiltrate but the expiratory nature of the views makes it difficult to assess the pulmonary vessels. However, this may be a sign of early fibrosis combined with the inability to ventilate the lung lobes properly. This would increase peripheral resistance and decrease the ease of airflow which can, in turn, cause bronchial and later tracheal collapse. The radiographic way to diagnose lung fibrosis is to obtain an end-inspiratory lateral view and compare it to an end-expiratory lateral view in the same recumbency. Normally there should be a discrepancy in diaphragmatic excursion. Oxygen saturation should be measured and laryngeal disease (e.g. collapse) ruled out. Tracheobronchoscopy can help identify tracheal and/or bronchial collapse and a bronchial wash can be obtained at the same time in case infiltrate is present. Even in the absence of a cardiac murmur I suggest echocardiography to look for pulmonary hypertension.

REFERRING VET Dr. Ehab Hanna In light of the young age I suggest examination of the upper respiratory tract to rule out congenital nasopharyngeal stenosis and nasal disease.

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

16727 **TECHNICAL COMMENTS**

DATE Human fingers in primary beam. Non-DICOM images were submitted. The transformation from DICOM to other formats reduces the image quality and only allows limited manipulation of the

7/22/22



PATIENT

image. More subtle lesions can thus easily be missed. For the best possible imaging reports I suggest submitting DICOM images in the future.

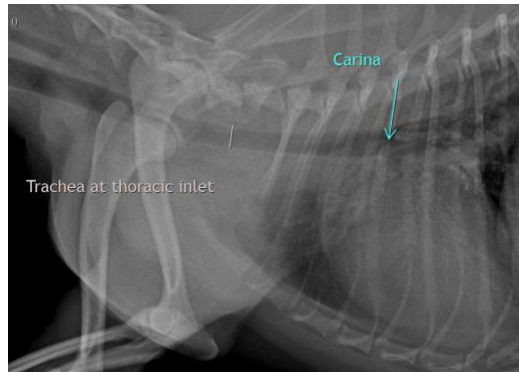
Louie Diaz

SPECIES

Canine

BREED

Yorkiepool



SEX

Neutered Male

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

2 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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INTERPRETED BY

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HOSPITAL NAME

The Collegeway AH

REFERRING VET

Dr. Ehab Hanna

INVOICE

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