



**PATIENT PRESENTING CLINICAL SIGNS**

Simon Boulanger History: Rule out cardiomegaly vs. tracheal collapse vs asthma vs other. Coughing on and off, coughs a lot at night and early in the morning. Has Grade 2- Grade 3 heart murmur

**SPECIES RADIOGRAPHIC STUDY OF THE THORAX**

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

Only five sternebrae (apart from manubrium and xiphisternum) are present.

**BREED**

Jack Russell Terrier The lungs are in contact with the thoracic boundaries and the tips are pointed. The outline of the lobar vessels is blurred, esp. in the caudal lung lobes, and peripheral bronchi are highlighted. The size of the cranial lobar vessels is 90% of rib 4 at the intersection of ribs and vessels.

**SEX**

Neutered Male The cranial mediastinum is of physiological size and opacity. The trachea converges with the thoracic vertebrae and the carina is elevated. The size of the tracheal lumen is markedly reduced in the thoracic inlet by a dorsal, crescent shaped soft tissue opacity. Splitting of the main stem bronchi is evident.

**AGE**

15 Years The cardiac silhouette occupies 95% of the chest height and 4 intercostal spaces (VHS 12); cardiac width is increased on the VD view. Tenting of the left atrium (LA) is present and a large bulge is located at 3 o'clock on the VD view. The caudal heart border is straight.

The right ventral liver lobes extend just beyond the costal arch and are rounded.

**INTERPRETED BY**

Heike Rudolf, DVM,  
Dr. med. Vet.,  
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**RADIOGRAPHIC DIAGNOSIS**

- Left sided cardiomegaly
- Hyperperfusion, mild
- Interstitial pattern
- Tracheal collapse
- Mild hepatic enlargement
- Reduced number of sternebrae (incidental finding)

**HOSPITAL NAME**

Truscott AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Medhat Meawad

The changes are compatible with left sided cardiac enlargement and pulmonary edema. In small breeds this is usually due to mitral endocardiosis. Echocardiography to assess mitral valve as well as L atrial size is recommended.

**INVOICE**

16556

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. L cardiac enlargement, pneumonia, bronchitis) reduces the ease of airflow.

**DATE**

7/8/22



**PATIENT**

Simon Boulanger

**SPECIES**

Canine

**BREED**

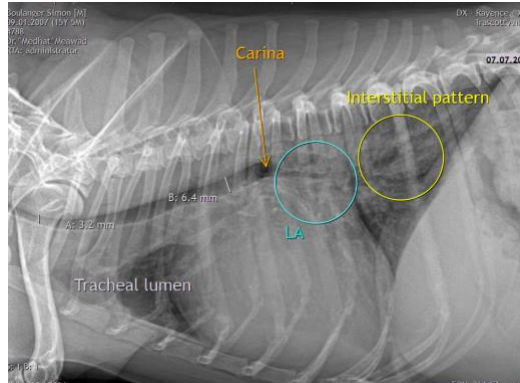
Jack Russell Terrier

**SEX**

Neutered Male

**AGE**

15 Years



**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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