

**PATIENT**

Button Post/Feist

**PRESENTING CLINICAL SIGNS**

Chronic cough usually responds well to hydrocodone, recently getting worse.

Abnormal PE/Chem/CBC/UA Results: Grade 4/6 systolic murmur noted today Otherwise unremarkable exam. RR 44, normal lung sounds and breathing pattern

**SPECIES**

Canine

**RADIOGRAPHS OF THE THORAX**

RLR, LLR, DV

**BREED**

Pomeranian

**RADIOGRAPHIC FINDINGS**

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

The bony structures appear physiological.

**SEX**

FS

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery. The degree of pulmonary expansion is fair.

**AGE**

12 Years

The cranial mediastinum is of physiological size and opacity. The trachea is elevated, runs parallel to the thoracic vertebrae and dips at the carina. Splitting of the main stem bronchi is evident.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces (VHS 12). The caudal heart border is straight and tenting of the left atrium is present.

**INTERPRETED BY**Heike Rudolf, DVM,  
Dr. med. Vet.,  
DipECVDDI DVR**RADIOGRAPHIC DIAGNOSIS**

- Cardiomegaly, left

**HOSPITAL NAME**Lac Ste. Anne  
Veterinary Services**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Left sided cardiomegaly in small breeds is due to mitral endocardiosis but echocardiography is necessary to identify the degree of mitral regurgitation and right sided changes such as observed with pulmonary hypertension. Tracheal collapse may be present even without radiographic evidence. It may go unnoticed until disease (e.g. pneumonia, bronchitis, L cardiac enlargement) or physical circumstances (such as stress, running, excitement) reduces the ease of airflow. Bronchoscopy will be able to diagnose this. A BAL should be obtained at the same time to differentiate between inflammation and infection. However, it is only recommended if the dog does not respond to treatment for left sided heart failure.

**REFERRING VET**

Sarah Fryer

**INVOICE**

53623

**DATE**

8-19-22



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**SEX**

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12 Years

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**REFERRING VET**

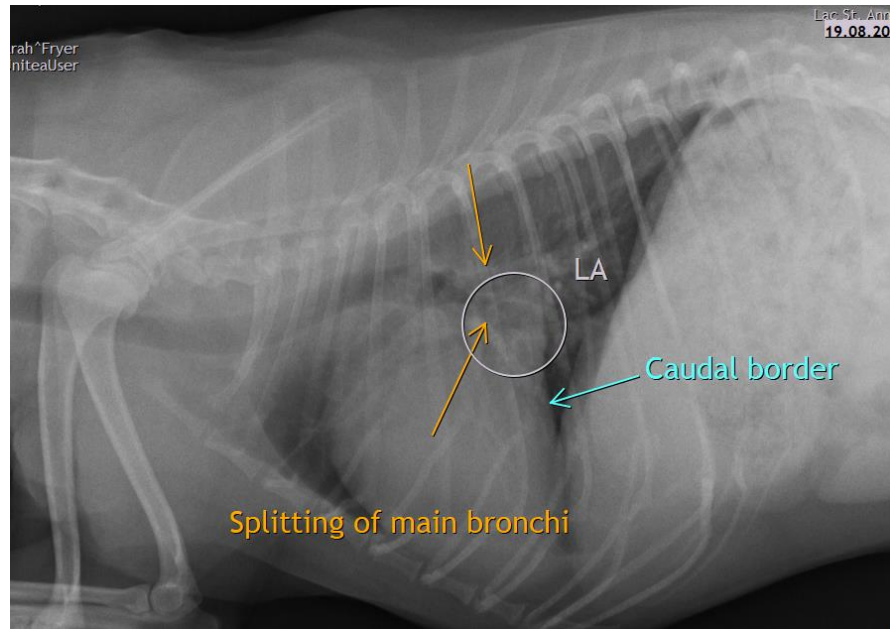
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Heike Rudolf, DVM, Dr. med. vet., DipECVDDI, DVR**  
Dr.H.Rudorf@gmail.com