



PATIENT PRESENTING CLINICAL SIGNS

Roland Burke History: Patient has ~1 month history of increased RR and effort. History of pain/DJD and anxiety. Sedated oral exam and radiographs performed at the last appt due to concern for coughing fit after eating grass (possible Cheat Grass). Oral exam showed mild inflammation of tracheal region, tonsillar crypts, and slightly elongated soft palate. No cardiac concerns noted during PE.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

The bony structures appear physiological.

Boxer Mix

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. The bronchial tree is highlighted in the periphery where the vascular structures are slightly blurred.

SEX

Neutered Male

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

AGE

10 Years

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

A large amount of air is present in the stomach. Air is also evident in the included small intestinal loops.

RADIOGRAPHIC DIAGNOSIS

INTERPRETED BY

- Mild interstitial pattern
- Aerophagia

Heike Rudorf, DVM,
Dr. med. Vet.,
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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- Infection (bacterial, fungal e.g. candida, viral, Rickettsia, Spirochetes, parasitic)
- Inflammation (allergic e.g. eosinophilic bronchopneumonia and PIE, smoke inhalation)
- Fibrosis
- Edema
- Hemorrhage
- Tumor (e.g. lymphoma)

REFERRING VET

Dalton Webb

The increased respiratory effort in combination with the age suggests lung fibrosis. An end-inspiratory and end-expiratory view would have to be compared to assess the position of the diaphragm. Bronchoscopy with broncho-alveolar lavage is necessary to rule out infection and inflammation. The larynx should be assessed for paralysis.

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The aerophagia could be stress related or a chronic due to an increased respiratory effort.

DATE

8/19/22



PATIENT

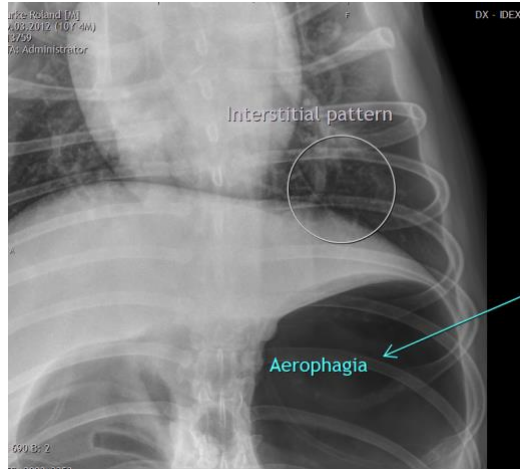
Roland Burke

SPECIES

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SEX

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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.

AGE

10 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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