



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Ubu Germanus  
**SPECIES** Canine  
**BREED** Jack Russel Mix

Longstanding hx of cough. O reports typically triggered by exposure to smoke/inhaled irritants. Exposure occurred on Saturday and P has not responded to medications as well this time like in the past. Hx of heart disease, not on any medications (O d/c them and uses OTC herbal remedies) and hypothyroidism (on thyroxine 0.2mg PO BID) . P also had first grand mal seizure 2 weeks ago lasting 1 minute, none since.

Abnormal PE/Chem/CBC/UA Results: Cough (dry hack) induced on tracheal palpation. Grade IV L sided heart murmur. P blind due to hypermature cataract and corneal abnormalities. Multiple SQ and dermal masses. Stiff gaited with poor mobility and discomfort on cervical manipulation. Chem: BUN 44 H, BUN/Creat 29 H, Tri 307 H CBC: Plt 484 H, Momo 848 H Urine (cysto): USG 1.028, Ph 6, protein trace with trace blood

**RADIOGRAPHS OF THE THORAX**

**SEX** RLR, LLR, DV

**RADIOGRAPHIC FINDINGS**

**MN**

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

**AGE**

16.6 Years

Smooth, ventral spondylosis is present on various vertebrae and the caudal cervical disc spaces appear to be reduced in size.

**INTERPRETED BY**

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

The degree of pulmonary expansion is fair at best. There is loss of clear vascular outline with highlighting of the bronchial tree. Multiple small, mineral opacities are visible throughout the lung fields.

The trachea runs parallel to the thoracic vertebrae and dips slightly at the carina; splitting of the main stem bronchi is evident. Tracheal height is slightly decreased in the thoracic inlet.

**HOSPITAL NAME**

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 Hospital

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces (VHS11.5). On the DV view the cardiac silhouette appears plump with an increased diaphragmatic contact.

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Hill

- Poor lung expansion
- Interstitial pattern
- Cardiomegaly, left more than right
- Possible tracheal collapse

Incidental findings:

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- Pulmonary osteomata
- Obesity

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

8-19-22

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

- Fibrosis

**PATIENT**

Ubu Germanus

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

**SPECIES**

Canine

- Hemorrhage
- Tumor (e.g. lymphoma)

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Obtaining end-inspiratory and end-expiratory views will allow comparison of the position of crus and dome of the diaphragm. With pulmonary fibrosis there will be hardly any difference. The enlarged left atrium makes pulmonary edema likely though the pulmonary vessels are not obviously enlarged. Obesity is known to worsen clinical signs of cough and impair lung function; weight control is recommended. The cardiac changes are compatible with mitral insufficiency which is, considering the breed, likely due to mitral endocardiosis. However, echocardiography is recommended to rule right sided involvement such as occurs with pulmonary hypertension. Bronchoscopy with broncho-alveolar lavage would be the ideal way to differentiate between inflammatory and infectious infiltrate but, considering the age of the dog and the currently untreated cardiac disease, it may be better to use empirical treatment.

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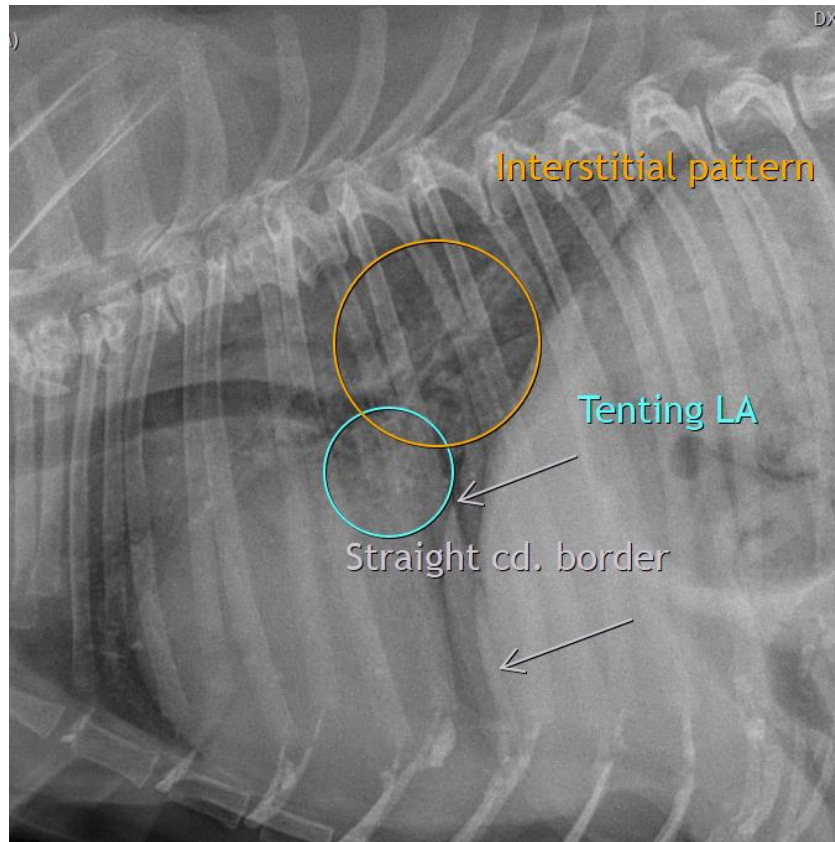
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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