



PATIENT PRESENTING CLINICAL SIGNS

Oatmeal Weber History: Patient has a history of mitral valve disease stage B1. Has been coughing more at home. Owner describes the sound as "hacking." Seems worst when Oatmeal gets up and when she is excited.

SPECIES Abnormal PE/Chem/CBC/UA Results: Today Oatmeal's lungs sound clear. Heart murmur ausculted. Repeat echocardiogram today showed no significant changes in measurements or left atrial dilation.
Canine Stage B1 mitral valve disease.

RADIOGRAPHIC STUDY OF THE THORAX

BREED

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

The bones are well mineralized with good trabecular structure and smooth surfaces. The disc spaces appear homogeneous in width.

SEX

Spayed Female The bony structures appear physiological. The surrounding bony structures are within normal limits.

AGE

10 Years The lungs are in contact with the thoracic boundaries and the tips are pointed. On the DV view the lobar vessels are clearly visible to the tertiary branches. The bronchial tree is partially calcified, thin walled and tapers uniformly towards the periphery. The degree of pulmonary expansion on the lateral views is fair at best.

The cranial mediastinum is of physiological size and opacity. The trachea is air filled with a homogeneous height. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR The cardiac silhouette shows a double outline due to fat. The heart occupies approx. 85% of the chest height and 3.5 intercostal spaces. The caudal heart border is straight and both caudal main stem bronchi are laterally displaced.

HOSPITAL NAME RADIOGRAPHIC DIAGNOSIS

- Gentle Doctor AH**
- Left sided cardiomegaly
 - Bronchial calcification, mild

REFERRING VET INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Taylor Morrison The clinical signs suggest the presence of tracheal collapse which is, however, not demonstrated on these images. Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal as well as tracheo-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. pneumonia, bronchitis, left cardiac enlargement) reduces the ease of airflow. Echocardiography to re-evaluate mitral valve and left atrial size is necessary. Bronchial calcification is usually an age related change but bronchitis may still be present, even in the absence of radiographic signs, and bronchoscopy to obtain a BAL is recommended. Should an underlying disease be present treatment may improve the clinical signs.

INVOICE

12641

DATE

8/20/21



PATIENT

Oatmeal Weber

TECHNICAL COMMENTS

Rotation of all lateral views. Only jpg images were submitted. The transformation from DICOM to jpg reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports I suggest submitting DICOM images in the future.

SPECIES

Canine

BREED

Pekingese

SEX

Spayed Female



AGE

10 Years

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

INTERPRETED BY

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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DipECVDI DVR

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HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Taylor Morrison

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