



PATIENT PRESENTING CLINICAL SIGNS

Shadow Buzzeo

Chief Complaint: COUGHING/HACKING History: 2 MONTHS AGO O NOTICED INTERMINANT COUGH/HACK. COUGH PROGRESSIVELY WORSENING, MORE FREQUENT, OCC LETHARGY. NO EXPOSURE O GROOMS PT AT HOME, NO SYMPTOMS FROM CANINE HOUSEMATE. O ADMITS LAPSE IN TRIFEXIS FOR 2 MONTHS NOW. PER O SHADOW HAD SEIZURES FROM TAKING TRIFEXIS? C/S/V/D: COUGH//INTERMINANT DIARRHEA

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade I-II/VI heart murmur, pulses strong and synchronous, mildly increased bronchovesicular sounds bilaterally. EENT: OU: lenticular sclerosis. AU: mild dental waxy cerumen, no erythema or swelling present. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild to moderate dental tartar

BREED

Pomeranian

RADIOGRAPHIC STUDY OF THE THORAX

SEX

2 orthogonal views

NM

RADIOGRAPHIC FINDINGS

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

AGE

Mild ventral spondylosis is present, and some disc spaces appear narrow.

9 Years, 5 Months

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels of the right caudal lobe are slightly blurred centrally in the adjacent bronchi are highlighted.

INTERPRETED BY

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

The cranial mediastinum is of physiological size and opacity. The tracheal lumen between C6 and T2 is reduced from dorsally, and only measures 0.2cm at the most affected point. The trachea runs parallel to the thoracic vertebrae.

HOSPITAL NAME

The cardiac silhouette occupies 85% of the chest height and 4.5 intercostal spaces (VHS 12.5).

DPC Veterinary
Hospital

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Cardiomegaly, generalized
- Interstitial patter, localized

REFERRING VET

Dr. Rivera

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The localized interstitial pattern could represent poor re-inflation of the lungs after lateral recumbency. Possible differential diagnoses for a true infiltrate include:

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

DATE

8-28-21

In small breeds mitral endocardiosis is usually the cause for the cardiomegaly and murmur. Echocardiography is necessary to assess the valves and possible regurgitation.



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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, L cardiac enlargement) reduces the ease of airflow. Echocardiography and bronchoscopy to obtain a BAL is recommended. Should an underlying disease be present treatment may improve the clinical signs.

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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.

SPECIES

Canine

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.

BREED

Pomeranian

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com

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