



PATIENT

Rudy Diffender

SPECIES

Canine

BREED

West Highland Terrier

SEX

Male Neutered

AGE

15 Years, 6 Months

INTERPRETED BY

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

HOSPITAL NAME

All Creatures Animal
Hospital of South Hill,
Inc.

REFERRING VET

Dr. Donnaway

INVOICE

47208

DATE

8-30-21

PRESENTING CLINICAL SIGNS

Patient presented for coughing and emesis. Patient has been vomiting sometimes after a coughing fit and other times if Rudy was drinking or eating too fast. Patient is having soft formed stool with some mucus. Upon physical exam patient was quiet, alert and responsive. Mucus membranes are pink with normal CRT Patient has severe dental tater and gingivitis. Heart and lungs : within normal limits, abdomen: mildly underweight, otherwise no significant findings. Patient has a stiff gait. P was attached by a German Shepherd in April or May and has a deep laceration repair a the neck and cranial thorax area. History of elevated ALT, ALP, and AST. Chem 10 today showed normal ALT + elevated ALP at 357. CBC showed minimal elevation of WBC with mild neutrophilia. Lyte-4 was within normal limits.

RADIOGRAPHIC STUDY OF THE THORAX

RLR, LLR, VD

RADIOGRAPHIC FINDINGS

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

Spondylosis is present.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The left cranio-ventral lobe is increased in opacity with airbronchograms cranial to the heart. The vascular markings are nor visible over the cardiac shadow on the right lateral recumbent view.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

- Aspiration pneumonia
- Localized megaesophagus

Incidental finding

- Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A ventral distribution of an alveolar lung pattern is usually the result off aspiration pneumonia. It may be caused by esophageal motility disorder, laryngeal pathology such as paralysis or mass, or cricopharyngeal disorders. In this case the air in the esophagus suggests esophageal motility disorder; though the disease usually occurs in larger dogs. It is best demonstrated with a swallowing study under fluoroscopy. However, it is also possible that other causes for the coughing exist (such as bronchitis) and the vomiting after a coughing fir could have resulted in aspiration. Tracheo-bronchoscopy with BAL is recommended if the animal does not respond to antibiotic treatment and feeding from a height.



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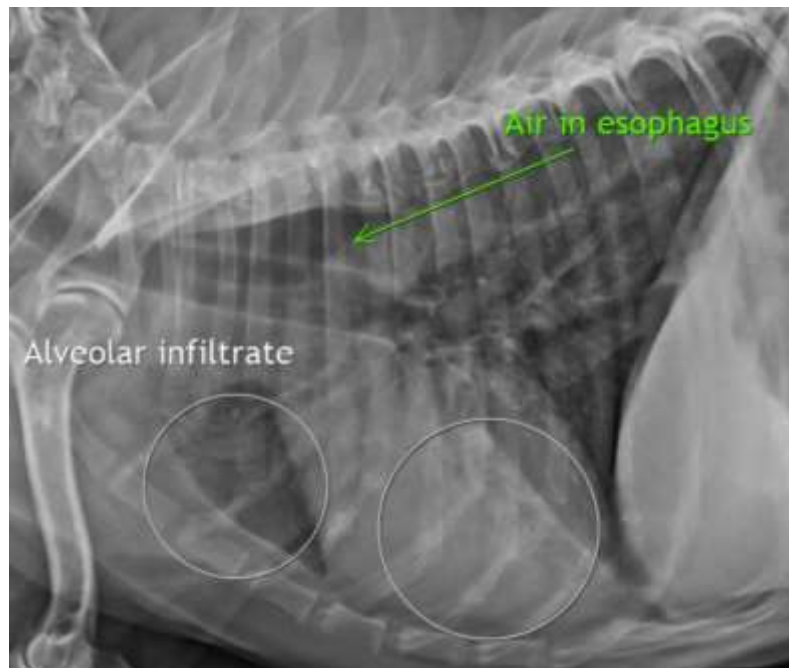
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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