



PATIENT

Max Lazzari

PRESENTING CLINICAL SIGNS

Hacking cough, no murmur. Owner reports exercise intolerance x 1 month.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

RLR, LLR, DV

BREED

Shiba Inu

RADIOGRAPHIC FINDINGS

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

The bony structures appear physiological.

SEX

MN

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible; the tertiary branches are slightly blurred. The bronchial tree is thin walled and tapers uniformly towards the periphery.

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

AGE

13 Years

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

INTERPRETED BY

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

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Obesity

HOSPITAL NAME

Four Corners
Veterinary Practice

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 to assess mitral valve and L atrial size and trachea-bronchoscopy to confirm the diagnosis and to obtain a BAL is recommended. Should an underlying disease be present treatment may improve the clinical signs.

REFERRING VET

Gregory Roccaro

Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.

INVOICE

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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.

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