



PATIENT

Roxie Parker

PRESENTING CLINICAL SIGNS

Two week hx of progressive tachypnea and labored breathing. No coughing that owner appreciates.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC is wnl. Chem panel shows ALP 335 U/L, otherwise wnl. Temp is normal. No heart murmur on auscultation. Concern for enlarged mediastinum and R lateral deviation of trachea.

RADIOGRAPHIC STUDY OF THE THORAX

BREED

2 orthogonal views

Pitbull Mix

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

SEX

Small osteophytes are present ventral to T5/6.

FS

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are blurred, and peripheral bronchi are highlighted. Some doughnuts and tramlines are evident.

AGE

18 Years

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

INTERPRETED BY

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

The cardiac silhouette occupies 80% of the chest height and 3 intercostal spaces (VHS). No chamber or outflow tract enlargement is evident.

Tachypnea could also be caused by an abdominal mass and thus abdominal ultrasound is recommended.

HOSPITAL NAME

Ruidoso Animal Clinic

RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial pattern

REFERRING VET

Sarah Botkin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung pattern indicates bronchitis. Primary inflammatory, non-infectious causes (e.g. neutrophilic, eosinophilic, allergic), as well as infectious causes (bacterial, viral, parasitic) need to be considered. Bronchoscopy including BAL is necessary for a definitive diagnosis.

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The tracheal deviation on the DV view is a physiological occurrence but thoracic ultrasound will ensure that no mass is present.

TECHNICAL COMMENTS

DATE

9-1-21

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.



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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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Dr.H.Rudorf@gmail.com