



PATIENT	PRESENTING CLINICAL SIGNS
Pepper III Corey	History of trying to catch his breath after going up stairs. Owner unsure if coughing. Abnormal PE/Chem/CBC/UA Results: Crackles auscultated in ventral lung fields No murmurs auscultated.
SPECIES	RADIOGRAPHIC STUDY OF THE THORAX
Canine	2 orthogonal views
BREED	RADIOGRAPHIC FINDINGS
Scottish Terrier	The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity. The bony structures appear physiological.
SEX	The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are blurred, and bronchi are highlighted. Some doughnuts and tramlines are visible.
MN	
AGE	The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.
11	The cardiac silhouette occupies 75% of the chest height and 4 intercostal spaces (VHS 12). An increased sternal contact is present. No chamber or outflow tract enlargement is evident on the DV view.
INTERPRETED BY	The abdomen appears distended, and the ventral liver lobe extends beyond the costal arch. The gastric axis is caudally rotated.
Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR	
HOSPITAL NAME	RADIOGRAPHIC DIAGNOSIS
Torch Lake Veterinary Clinic	<ul style="list-style-type: none"> • Hypoinflated lungs • Broncho-interstitial pattern • Hepatomegaly
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Adrienne Waffle	The radiographic findings are suggestive for chronic lower airway disease. Eosinophilic/allergic bronchopneumopathy is a potential as well as infectious bronchitis such as viral, bacterial, parasitic, or protozoal.
INVOICE	The generalized interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:
47321	<ul style="list-style-type: none"> • 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	
9-2-21	



PATIENT

Pepper III Corey

Further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage should be considered.

Should the liver enzymes be elevated in the biochemistry panel, ruling out Cushing's disease is recommended. Cushing's disease can lead to pulmonary calcification and fibrosis.

SPECIES

Canine

BREED

Scottish Terrier

SEX

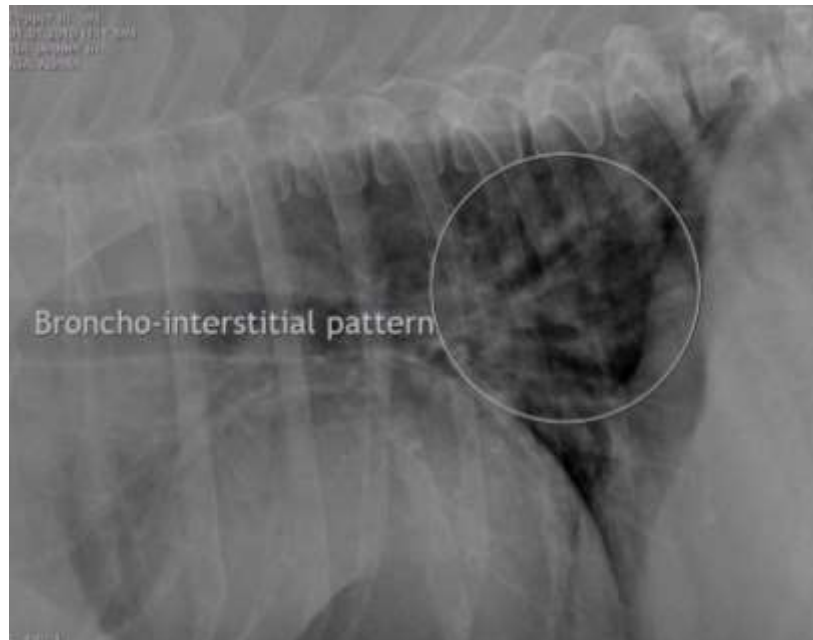
MN

AGE

11

INTERPRETED BY

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



HOSPITAL NAME

Torch Lake
Veterinary Clinic

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.

REFERRING VET

Adrienne Waffle

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.

INVOICE

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

DATE

9-2-21