



PATIENT

Audrey Zawacki

PRESENTING CLINICAL SIGNS

Grade 2/6 mitral valve murmur. cough off and on 3-4 months

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

LLR, RLR, DV

BREED

Maltese

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with a large amount of dorsal subcutaneous fat.

SEX

Spayed Female

One glenoid cavity is shallow, and a moderately large bone spur is present on the caudal humeral head.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The main lobar vessels have a physiological size. The tertiary branches are blurred, and the peripheral bronchi are highlighted. The degree of pulmonary expansion is good.

AGE

11

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and is elevated at the carina. Its lumen is homogeneously air filled. The main stem bronchi diverge on the DV view.

INTERPRETED BY

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

The cardiac silhouette occupies 85% of the chest height and 3.5 intercostal spaces (VHS approx. 11.5). The caudal heart border is straight and tenting of the left atrium (LA) is present. The path of the CVC is from caudo-ventral to cranio-dorsal. A mild bulge is present at 3 o'clock.

The ventral liver lobe is rounded and extends beyond the costal arch.

HOSPITAL NAME

Pacific Avenue
Veterinary Clinic

RADIOGRAPHIC DIAGNOSIS

- Left sided cardiomegaly
- Mild interstitial pattern

Incidental findings

REFERRING VET

Sid Bruckert-Frisk

- Shoulder OA and hypoplasia glenoid
- Hepatomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized interstitial lung pattern is a non-specific finding but in association with the left sided cardiomegaly, pulmonary oedema is most likely. Differential diagnoses include:

- 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

9-22-21

Tracheal collapse is not visible on these radiographs but could be present. Tracheal or tracheo-bronchial collapse is usually caused by chondromalacia and is thus due to an altered cartilage



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development which may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g. L cardiac enlargement, pneumonia, bronchitis) reduces the ease of airflow. Echocardiography to assess mitral valve and L atrial size as well as bronchoscopy to obtain a BAL is recommended. Should an underlying disease be present treatment may improve the clinical signs.

SPECIES

Canine

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

BREED

Maltese

Hepatomegaly may be the result of Cushing's disease which can cause pulmonary calcification and subsequent fibrosis.

SEX

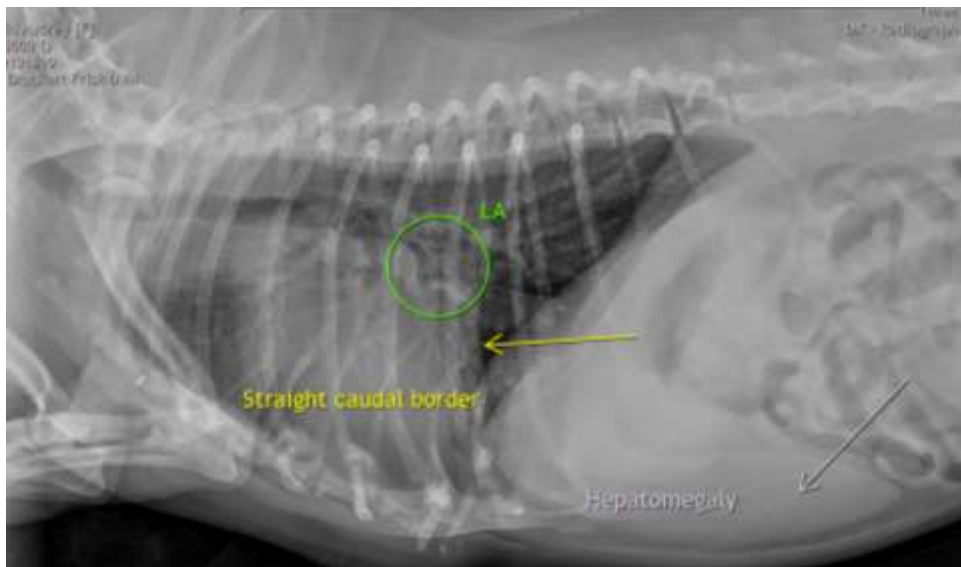
Spayed Female

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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.

REFERRING VET

Sid Bruckert-Frisk

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

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