



PATIENT

Duncan Moose

PRESENTING CLINICAL SIGNS

History of Atopy, started coughing a month ago.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

2x LLR, 2x. RLR, 2x VD

BREED

Pitbull

BCS = 6/9 with smooth alternating layers of fat and soft tissue opacity.

Mild spondylosis is present T12/13.

SEX

MN

The lungs are fully expanded and aerated. Tramlines and doughnuts are well visible throughout the lung fields. The vessels are blurred, and a localized alveolar infiltrate is present in the cranio-ventral lobe showing an air bronchogram.

The cranial mediastinum appears of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and the carina is in line with the trachea.

AGE

7 Years

The cardiac silhouette occupies 90% of the chest height and 3.5 intercostal spaces (VHS = 14.25). A bulge is present at 2 o'clock and the caudal heart border is straight.

INTERPRETED BY

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

The liver lobes are located within the costal arch.

RADIOGRAPHIC DIAGNOSIS

- Broncho-interstitial pattern, severe
- Cardiomegaly, generalized
- Spondylosis, mild

HOSPITAL NAME

Barry Magill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes could be the result of two different diseases: 1) cardiac disease with interstitial edema and 2) primary airway disease compatible with bronchitis; both can be present at the same time though. The prominent pulmonary artery (PA) segment suggests increased pulmonary resistance which could be due to chronic bronchitis. The interstitial pattern could be the result of inflammation (e.g., allergic, eosinophilic bronchopneumopathy) infection (bacterial, viral, parasitic) or fibrosis; though the well inflated lobes make fibrosis less likely. The straight caudal border of the heart is usually the result of left ventricular enlargement, but the atrium is not particularly big, and the pulmonary vessel size is within normal limits. However, only echocardiography can detect if DCM is present and which valves show a regurgitant flow. Once the heart has been examined, bronchoscopy with broncho-alveolar lavage (BAL) can be performed. In case left sided failure be present, a lateral radiograph should be obtained a week after treatment has been initiated to see if the bronchial component is still present. Should this be the case, BAL will be necessary.

REFERRING VET

Dr. Ross Duncan

INVOICE

47342

DATE

9-3-21

TECHNICAL COMMENTS

Tip of gloved finger in primary beam on VDs



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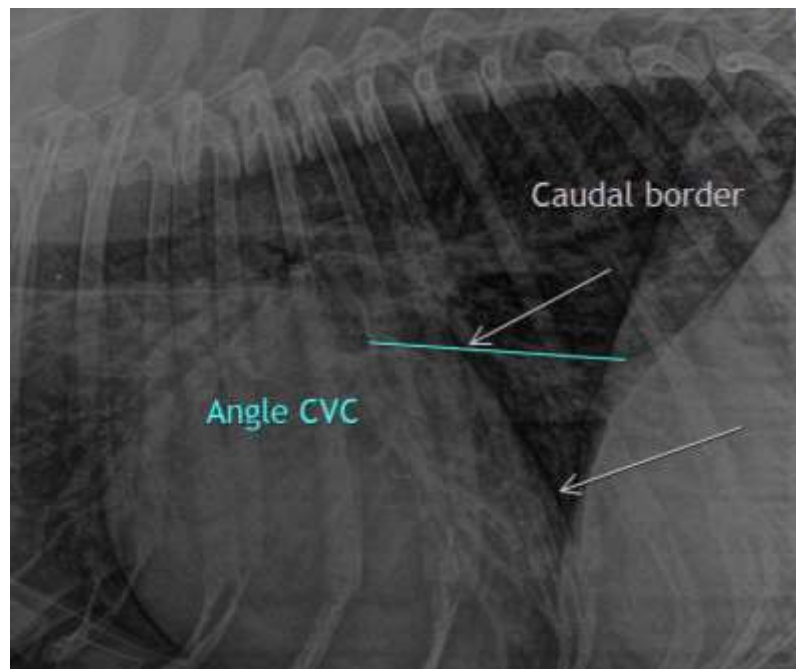
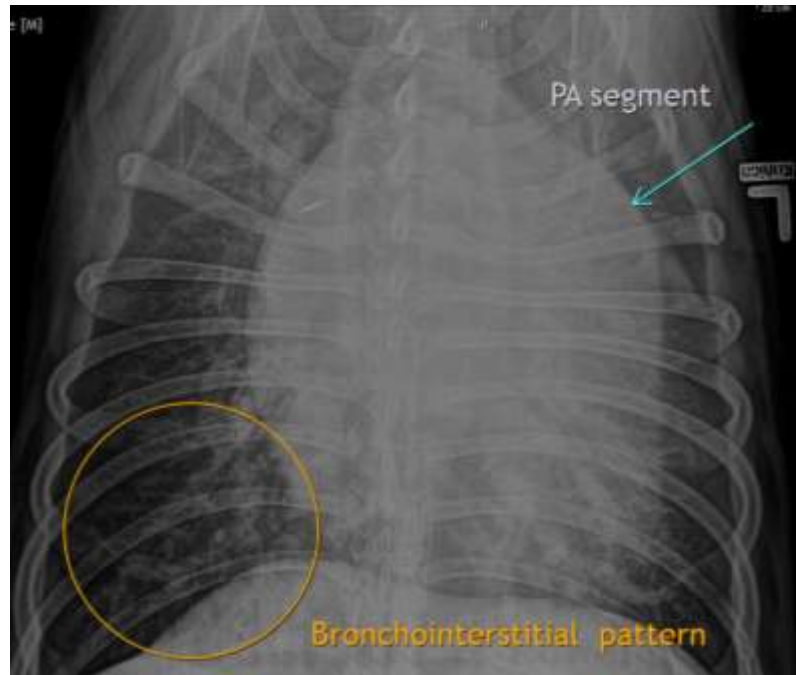
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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., DipECVDI, DVR
Dr.H.Rudorf@gmail.com

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