



PATIENT

Angel Price

PRESENTING CLINICAL SIGNS

Diagnosed with Asthma at rDVM several years ago, was treated with Pred and Theophylline but severe hepatic side effects noted. On P.E. severe wheezing noted on all fields, no heart murmur auscultated.bam

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

2 orthogonal views

BREED

Shepherd mix

RADIOGRAPHIC FINDINGS

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

Spondylosis is present in the caudal thoracic region. The last two sternbrae are short.

SEX

SF

The degree of pulmonary expansion is fair, and the diaphragm is almost perpendicular to the thoracic vertebrae on both views.

AGE

14 Years

The lungs are in contact with the thoracic boundaries and slightly protrude into the intercostal spaces. Tramlines and doughnuts are present in all lobes; most pronounced on the left and in the right middle and caudal lobes. Bronchiectasis is most evident over the cardiac silhouette. The vascular outline is blurred, and bronchial enhancement is present, especially on the left side.

INTERPRETED BY

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

The cranial mediastinum is of physiological size and opacity. The trachea dips acutely ventrally at the carina. The trachea runs parallel to the thoracic vertebrae and dips at the carina which is located at T5.

The cardiac silhouette occupies 65% of the chest height and 3 intercostal spaces (VHS 9.5). No chamber or outflow tract enlargement is evident. On the VD the cardiac borders appear undulating.

HOSPITAL NAME

Paws and Claws
Urgent Care

RADIOGRAPHIC DIAGNOSIS

- Bronchial pattern, severe
- Bronchiectasis
- Interstitial pattern caudal lobes
- Spondylosis

REFERRING VET

Dr. Juarez

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

47374

The lung pathology has resulted in secondary changes of lung overinflation while the lung expansion is restricted at the same time. This suggests fibrosis. The interstitial component indicates additional lung disease which may be inflammatory or infectious. To confirm the fibrosis lateral end-inspiratory and end-expiratory views can be obtained; the position of the diaphragm should then be compared.

DATE

9-7-21

Fibrotic lung disease refers to an end-stage lung and can have multiple aetiologies sharing a common final pathway. If the cause is unknown it is termed "idiopathic pulmonary fibrosis" which is incurable, minimally treatable and fatal. Other types of fibrosis may not be, because the



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underlying disease (e.g. lymphocytic-plasmacytic infiltrate) will be driving the fibrosis. Obtaining a sample is thus paramount. Also, CT will help identify, if lower airway (bronchiolar) disease with bronchiolectasis (peripheral bronchial enlargement) is present. Resulting pulmonary hypertension can cause a Cor pulmonale, thus echocardiography is recommended. Airway collapse often accompanies the fibrotic changes and can be diagnosed during trachea-bronchoscopy. Laryngeal paralysis/paresis secondary to repetitive microaspiration of gastric reflux can also be ruled out this way.

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Sildenafil (used in Viagra®) causes preferential pulmonary vasodilation and improves gas exchange in patients with severe lung fibrosis and secondary pulmonary hypertension. It could thus be tried in this patient.

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

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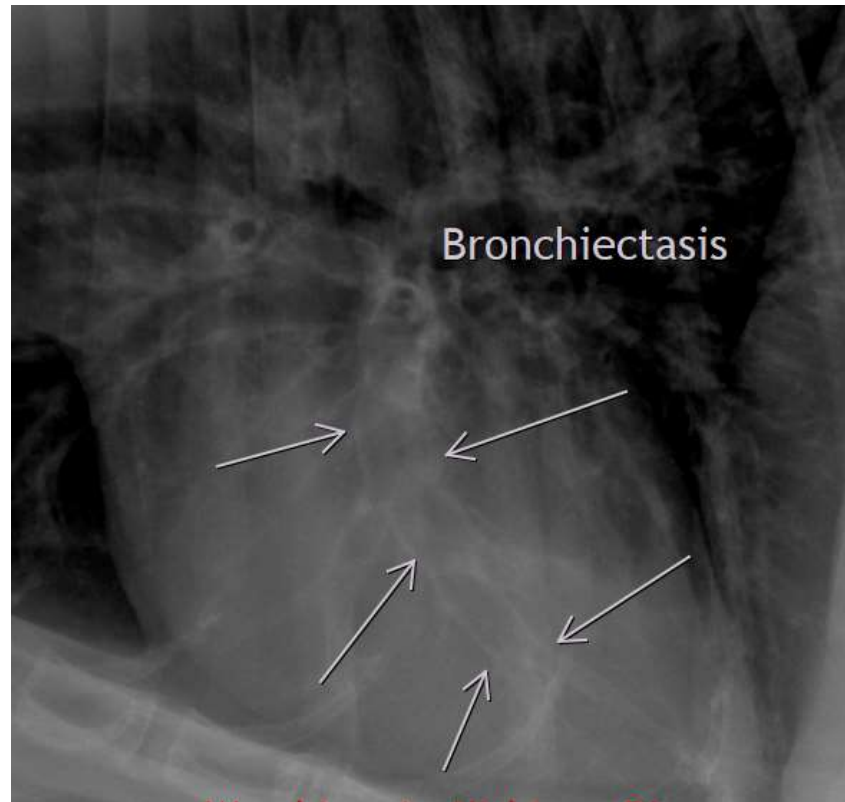
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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