



PATIENT

PRESENTING CLINICAL SIGNS

Jack #11013A Cook

Presented today for increased coughing that sounds "wet" to owner for the last 3 days. Previous history - Treated for 6 weeks with fluoroquinolone from April-May 2021 for bronchopneumonia. Discontinued antibiotic and switched to low dose steroid in June after last rad interpretation. Developed bronchopneumonia again in July. Restarted fluoroquinolone in July -- ran out several day ago. Patient intermittently responds favorably to therapy but cough gets worse off and on. Added in codeine a couple weeks ago and improves cough when she can get patient to take it. Abnormal PE/Chem/CBC/UA Results: Increased harsh lung sounds on the right. RR 40 bpm with intermittent abdominal effort depending on activity level. Grade 5 heart murmur - chronic. Temp 100.8. Current medications - lasix, benazepril, +/- codeine, enrofloxacin ran out several days ago.

SPECIES

Canine

BREED

Shih Tzu

SEX

RLR, LLR, DV
07.09.2021(compared to 12.7 and 10.8.21)

MN

AGE

14 Years, 5 Months

RADIOGRAPHIC STUDY OF THE THORAX

RADIOGRAPHIC FINDINGS

The body condition score is unchanged.

A small amount of smooth new bone is present on the L elbow.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The cranial lobar vessels are blurred, and peripheral bronchi are outlined, resulting in a lobar reticular pattern.

The tracheal air in the thoracic inlet is reduced to 1/3 of the thoracic and cervical air space.

The cardiac silhouette appears unchanged from the previous examinations. The lobar vessels appear slightly small.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Reticular interstitial infiltrate cranial lobes
- L sided cardiomegaly

Incidental finding
• L elbow OA, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal as well as tracheo-bronchial collapse is usually caused by chondromalacia and is thus due to an altered cartilage development which may go unnoticed until physical circumstances (such as stress, running, excitement) or disease (e.g. pneumonia, bronchitis, L cardiac enlargement) reduces the ease of airflow. Bronchoscopy to obtain a BAL is recommended.

The tracheal collapse is most likely the cause for the worsening of the clinical signs. As the caudal lobes appear physiological, the infiltrate in the cranial lobes is most likely infectious or inflammatory. The L atrium appears slightly larger than on the previous examinations, but this

INTERPRETED BY

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

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Dr. Adrienne Kanne

INVOICE

47358

DATE

9-7-21



PATIENT

may have technical reasons.

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TECHNICAL COMMENTS

Human fingers in primary beam on DV

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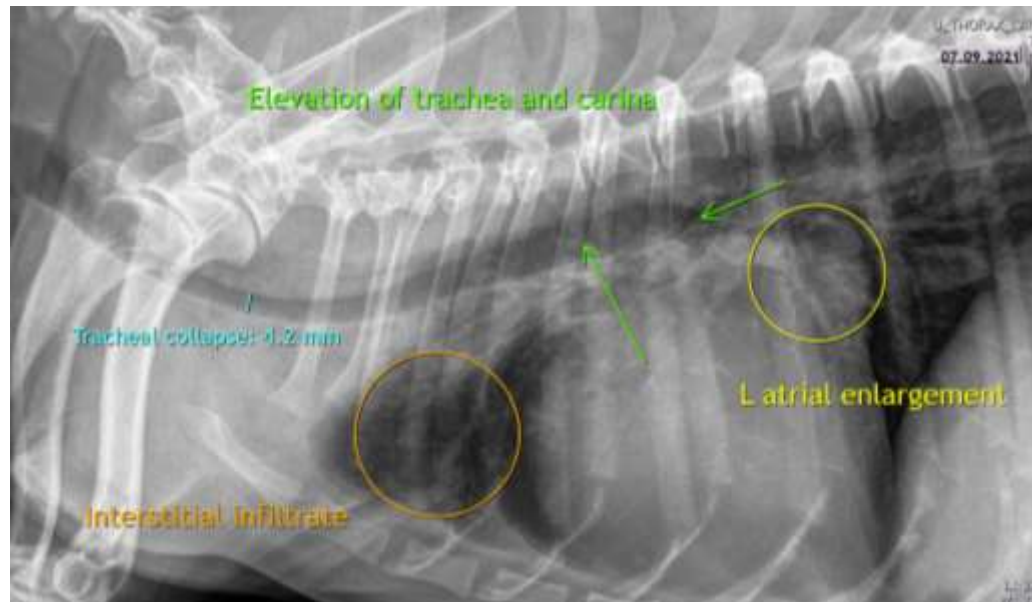
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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