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Alternative Therapy for Interstitial Pulmonary Fibrosis

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On July 8, 2008, Kalie, a ten and one half year old, spayed female Westie, was brought in for a routine teeth cleaning, 2 mass removals and chest radiographs. The owners heard her cough in late June and wanted to have her lungs evaluated for interstitial pulmonary fibrosis (IPF). At this time, she was basically showing no symptoms.

The radiographs were taken first because, if there was severe pulmonary disease, we were not going to use general anesthesia for the dentistry. I read the lungs out as having mild tracheal collapse and mild interstitial disease (pulmonary fibrosis).

Dr. Sam Silverman, a board certified veterinary radiologist, read Kalie's radiographs.

Interpretation:

The lungs are increased in opacity and are poorly inflated. The heart is at the upper limit of normal size. The diaphragm appears intact. Tracheal collapse may be present.

Conclusion:

Interstitial pulmonary fibrosis (IPF) may be present. Mild tracheal collapse is also suspected. No evidence of heart failure.



Kalie's radiographs taken on July 8, 2008, at diagnosis, prior to treatment



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We tried bronchodilators to treat the collapsing trachea, but Kalie could not tolerate Theophylline or Brethine (Terbutaline).

On November 11, 2008, Kalie was presented because of increased frequency of coughing, as much as 3 times a day. On physical exam, Kalie's lungs were clear. Radiographs were taken (chemical restraint was not used). Again, Dr. Sam Silverman read Kalie's radiographs.

Interpretation:

The cardiac silhouette is similar in size to the previous study. The radiographs were made at an incomplete phase of inspiration. No evidence of severe lobar consolidation or discrete pulmonary nodularity is seen. The tracheal caliber is mildly irregular. A large amount of gas is present in the stomach.

Conclusion:

Changes are very similar to the previous study, differences in the phase of respiration and the lack of a complete inspiration at the time of radiographic exposure make it difficult to quantitate changes, however, persistent bronchointerstitial disease is likely.

Radiographs taken November 11, 2008 following initial treatment with bronchodilators





I had purchased a cold laser unit in October 2008. It was delivered in November and I had studied how to use the laser unit. The unit I purchased was the Companion Therapy Laser from LiteCure, LLC. It was a class IV laser therapy unit.

Kalie's owner had informed me of a Westie in Carmel, California that was diagnosed with pulmonary fibrosis and was treated with cold laser. I contacted the veterinarian, located in Watsonville, who treated this Westie and he informed me of his treatment protocol. Unfortunately, he never took radiographs after the laser therapy but he said he had treated the dog 6 times and the dog became asymptomatic (not coughing) for 4 weeks after the last treatment. He was in the process of starting a protocol of monthly follow up laser therapies.

The unit that the veterinarian from Watsonville used was an older unit than mine. I had called LiteCure about treating a Westie with IPF. The professional services returned my call with the recommendations for treating a dog with IPF.

On January 5, 2009, I started treating Kalie with the cold laser unit to the left and right thoracic wall and thoracic inlet. She was treated three times the first week, two times the second week and once the third. She received a total of six treatments. Kalie's owner had told me that she thought Kalie felt better after each session because she coughed less and was more active.

On February 17, 2009, we took radiographs to compare the lungs after the laser therapy that were read by Dr. Sam Silverman.

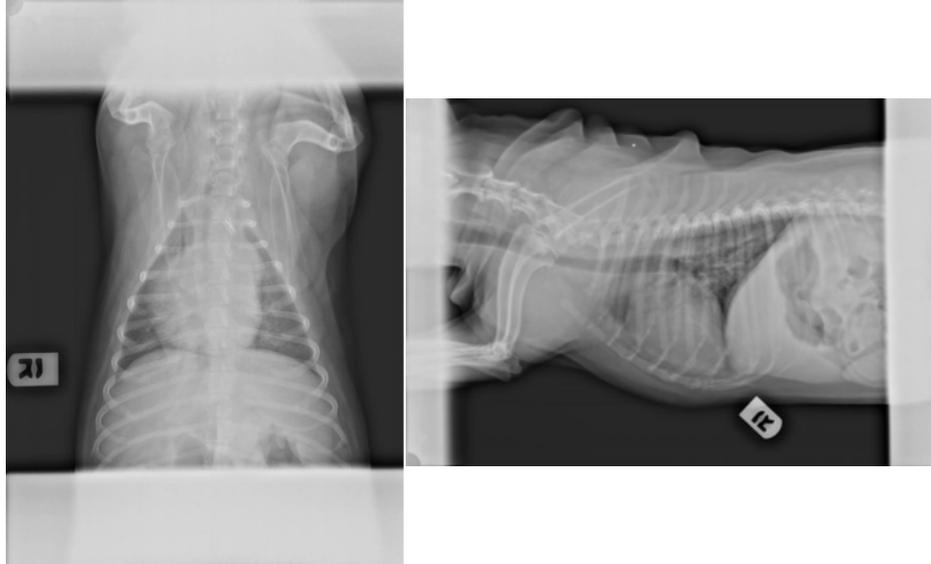
Interpretation:

Although the lungs are not completely inflated, they do appear somewhat more lucent on today's study. The bronchovascular markings remain indistinct but are improved in appearance. No evidence of free pleural fluid.

Conclusion:

There appears to be an improvement in the appearance of the lungs compared to the previous study.

Kalie's radiographs taken on February 17, 2009 after laser therapy



A side note about the radiographs – it would have been better to sedate Kalie when the radiographs were taken. She may have taken deeper breaths with sedation. However, because of her pulmonary disease, I was not willing to take unnecessary risks for the sake of possibly getting better radiographs.

Since February 23, 2009, Kalie has been brought in once a month for a “tune-up” laser treatment. I listen to her lungs and get a history.

The coughing ultimately did worsen. On May 6, 2009 we tried Albuterol solution via a child’s nebulizer with no improvement. Kalie was also given one puff per day from a Flovent inhaler. But, again, there was no improvement. The Albuterol and Flovent were discontinued.

Then on May 28, 2009 we added liquid chicken-flavored Sildenafil (Viagra) which immediately controlled her coughing. A low dose (2.5mg) of Prednisone every 3 days was also added in January 2010.

It seems that high humidity and hot temperatures exasperate the coughing. Fortunately, in San Francisco we have very few hot days. On these uncomfortable days, the owner minimizes outdoor activities and tries to keep Kalie as cool as possible with Vornado air circulators. Because of the possibility that inhalant irritants (house dust) could also exasperate the cough, Kalie’s owners use a Dyson vacuum cleaner and room air purifiers.

The owners continue to bring Kalie in for her monthly laser treatment. Kalie’s owner has noticed that for twenty four hours after these tune-up laser treatments, Kalie seems to be much more active than usual.

Ultimately, due to the owner’s dedication towards Kalie, the addition of the drugs (Sildenafil and Prednisone) and the laser therapy, Kalie has been able to maintain minimal coughing, no wheezing and a very good quality of life.