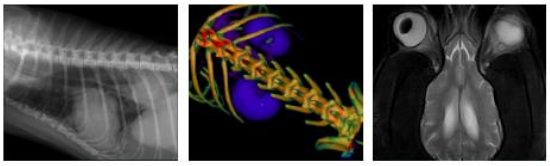

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1-800-838-4268 info@sonopath.com

PATIENT

Quincy Fillion

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

13 Years

INTERPRETED BY

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

HOSPITAL NAME

Nagel & Co VS

REFERRING VET

Dr. Jordan Steedman

INVOICE

20696

DATE

1/20/23

PRESENTING CLINICAL SIGNS

History: Chronic goose honking cough with excitement/exercise for the past 3 years, owners feel that the coughing is getting worse. Owners are also concerned that he might have a lump in his throat area, concerned that it might be contributing to the coughing- first discussed at appointment Nov/2022
Abnormal PE/Chem/CBC/UA Results: Inducible non-productive cough on firm tracheal palpation. Thoracic ausculation WNL- no murmur, crackles, wheezes, ect. Possible mass palpated in association with trachea near thoracic inlet, feals associated with the trachea- possibly thyroid? Difficult interpret the significance of this thickening as patient it obese (BCS8/9)

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 8/9 with a larger amount of localized fat accumulation on the right chest wall.

The bony structures appear physiological for the breed.

The degree of pulmonary expansion is fair on the left lateral recumbent view (LLR). The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible in right lateral recumbency (RLR) and on the DV views. The bronchial tree is thin walled and shows central calcification.

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. It varies in height in RLR and in LLR the lumen is partially obscured in the thoracic inlet.

The cardiac silhouette occupies 80% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

- Possible tracheal collapse

Incidental finding

- Lipoma R thoracic wall
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

These findings are most consistent with a mild degree of invagination of the dorsal tracheal membrane, creating secondary tracheal collapse and or narrowing. Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually 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. Echocardiography to assess mitral valve and left atrial size as well as bronchoscopy to obtain a BAL is recommended. Should an underlying disease be present treatment may improve the clinical signs.

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

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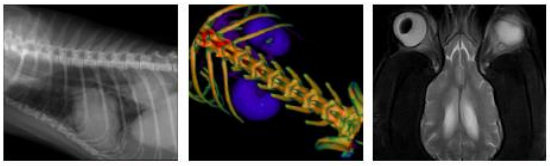

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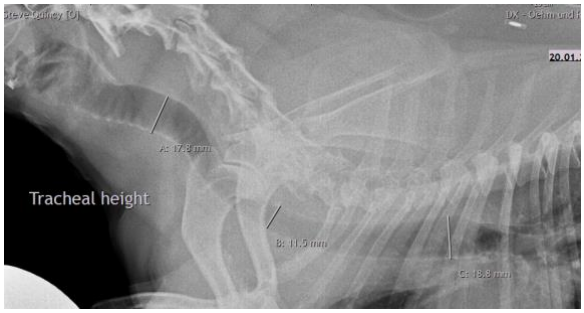
Ultrasonography or cross-sectional imaging can be used to identify the neck mass and its potential origin (e.g. thyroid glands).



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com