



## PATIENT

Irie Liebchen

## SPECIES

Canine

## BREED

Dachshund Wirehaired  
Mix

## SEX

Female Spayed

## AGE

11.5Y

## WEIGHT

16lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Abina Glennon

## HOSPITAL NAME

New Bridge Veterinary  
Practice

## REFERRING VET

Dr. Abina Glennon

## INVOICE

73418

## DATE

1-21-26

## PRESENTING CLINICAL SIGNS

abdominal respiration during sleeping

## RADIOGRAPHS OF THE THORAX

R lateral radiographs for interpretation.

## RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with prominent s.c. fat dorsal to the caudal L-spine.

Mild spondylosis is located on the ventral endplates of L2/3.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges slightly from the thoracic vertebrae, and the carina is located level with T5. The tracheal air space is reduced between C3 and T1 by a dorsal, crescent shaped soft tissue opacity.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces). A round soft tissue opacity merging with mediastinum, ascending aorta and cranio-dorsal heart border is located level with ribs 3 and 4 and likely represents the aortic arch.

The degree of pulmonary expansion is fair. The lung lobes extend to the thoracic boundaries. Ventrally the pulmonary vessels are well outlined to the tertiary branches. In the caudo-dorsal lobes the vascular outline is blurred.

## RADIOGRAPHIC DIAGNOSIS

- Interstitial pattern caudo-dorsal lobes
- Tracheal collapse
- Prominent aortic arch

Incidental finding:

- Spondylosis, mild

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal breathing during rest can be caused by thoracic diseases or pain caused by e.g., pancreatitis or disc disease.

An interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy, smoke inhalation)
- Early idiopathic fibrosis
- Edema

Less likely:

- Diffuse hemorrhage
- Tumor (e.g., lymphoma)



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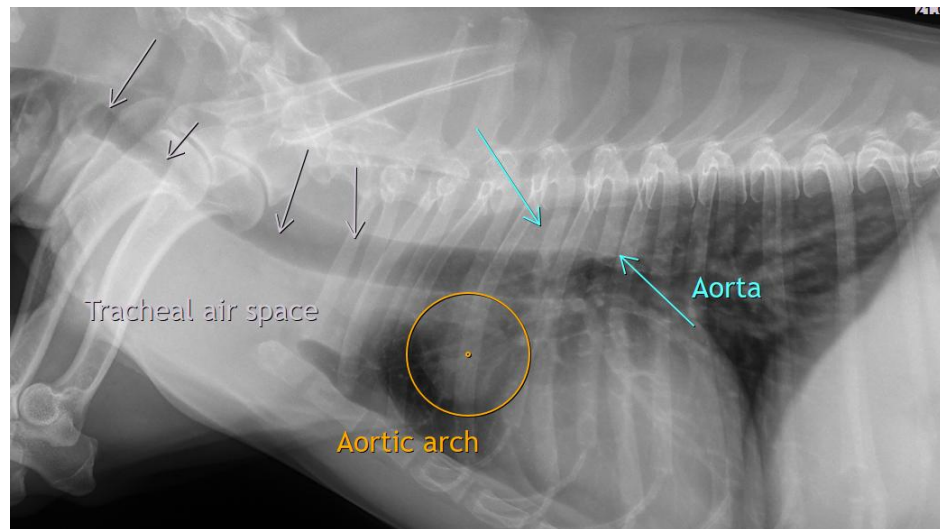
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Fecal samples can be obtained to rule out parasites. A deeply inspiratory and a completely expiratory view can be obtained to see if only little difference of pulmonary expansion is present between the views which would indicate fibrosis.

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. The gold standard for imaging both pathologies is tracheo-bronchoscopy and a sample should be obtained for cytology and bacteriology. A prominent aortic arch may represent a projectional artefact or a subaortic stenosis.

Echocardiography to assess cardiac function and valvular appearance is suggested, especially if a murmur can be detected.



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 Rudolf, DVM, Dr. med. vet., DipECVDDI, DVR  
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