



PATIENT

Optimus Prime
Bernstein

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

13 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Hamburg VC

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Branning

INVOICE

35628

DATE

1/30/26

PRESENTING CLINICAL SIGNS

History: Coughing

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 6/9 with a large amount of s.c. fat dorsal to the lumbar spine.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. A moderate amount of air is present in the cervical esophagus level with C3-6. The trachea runs parallel to the thoracic vertebrae and dips at the carina. There seems to be a soft tissue line impinging on the dorsal tracheal air space, level with the esophageal gas.

The degree of pulmonary expansion is fair at best. The lung lobes extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches on the VD view.

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

- Possible tracheal collapse

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue line may represent the ventral esophageal wall or tracheal collapse. 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. A sample should be obtained for cytology and bacteriology because bronchitis can be present without radiographic evidence. Echocardiography to assess cardiac function and valvular appearance is suggested. Should an underlying disease be present treatment may improve the clinical signs.



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.



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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., DipECVDI, DVR
info@sonopath.com