



PATIENT

Angel Wallace

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female

AGE

11 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ramzi

HOSPITAL NAME

AC Queens

REFERRING VET

Dr. Ramzi

INVOICE

35648

DATE

1/31/26

PRESENTING CLINICAL SIGNS

History: Pt has a persistent cough

RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

The body condition score is 8/9 with a large amount of dorsal s.c. fat.

The bony structures are within normal limits.

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and is in line with the carina.

The degree of pulmonary expansion is fair at best. The lung lobes extend to the thoracic boundaries. Pulmonary vessels are visible and appear of physiological size.

The cardiac silhouette occupies 85% of the chest height and 4 intercostal spaces (VHS approx. 12). On the VD the cardiac silhouette occupies more than $\frac{3}{4}$ of the chest width and has the appearance of a reversed D.

Abdomen

The abdominal organs are surrounded by fat, and a large amount of retroperitoneal fat is present. Diaphragm and abdominal wall are intact.

The liver is located just within the costal arch, and the caudo-ventral lobe is rounded.

The spleen appears physiological.

The stomach is moderately distended by food and air. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of formed fecal matter.

Both renal shadows have a physiological size, shape and opacity. The bladder is moderately full, and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse, severe
- Possible generalized cardiomegaly
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

The perceived cardiomegaly could be due to the narrow chest conformation or represent disease. Echocardiography to assess cardiac function and valvular appearance is suggested. Should an underlying disease be present treatment may improve the clinical signs.



PATIENT

Angel Wallace

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female

AGE

11 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ramzi

HOSPITAL NAME

AC Queens

REFERRING VET

Dr. Ramzi

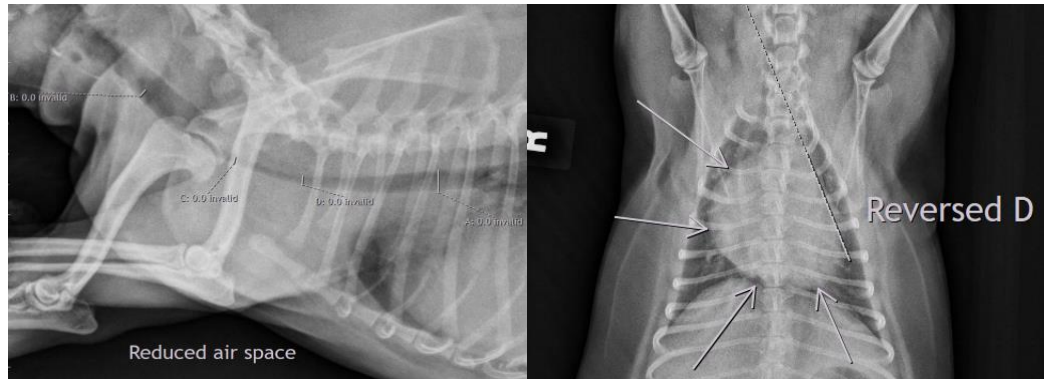
INVOICE

35648

DATE

1/31/26

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



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
info@sonopath.com