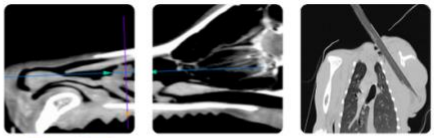


PATIENT

Fiona Prieto

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

16 Years

WEIGHT

8.04 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

ERG

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

35100

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Fiona presents today for evaluation of congested coughing. O notes pet has a chronic hacking cough, however since Tuesday evening the cough has become more congested and more frequent. O reports pet occasionally coughs up foamy saliva, which is recurring. O notes a housemate has had pneumonia for over a month and is unsure if this could be contagious. O was offered starting antibiotics as a precaution but elected to monitor at home. Energy remains normal. No vomiting or diarrhea. Medical history includes MPL, proteinuria, heart murmur, coughing, and pancreatitis. Diet consists of rice porridge and turkey with Royal Canin Hydrolyzed Protein twice daily. Medications include ursodiol and Proviable. On exam, patient was BAR with BCS 6/9. Notable findings include dental disease with halitosis, grade 1-2/6 heart murmur, bilateral medial patellar luxation, cough elicited on tracheal palpation, and increased bronchovesicular sounds in the right lung fields. Plan discussed and questions answered.

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 5/9 with little subcutaneous fat.

The caudal cervical (esp. C6/7) and cranial lumbar disc spaces appear decreased in size. The manubrium sterni is short. Mild spondylosis is present ventral to the endplates of L2/3.

The cranial mediastinum is of physiologic size and opacity. The terminal trachea diverges slightly from the thoracic vertebrae, and the carina is located level with T5/6. The tracheal lumen is homogeneous in width in left lateral recumbency. In right lateral recumbency (RLR) the tracheal air space is slightly decreased at the thoracic inlet.

The degree of pulmonary expansion is fair. All lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 85% of the chest height and 4 intercostal spaces (VHS=10.25). The caudal border appears slightly straight. Both main stem bronchi are slightly laterally displaced.

The liver lobes are rounded.

RADIOGRAPHIC DIAGNOSIS

- Variation in tracheal air space
- Possible mild left sided cardiac enlargement

Incidental finding

- Spondylosis
- Possible disc space narrowing
- Congenial alteration manubrium sterni

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are equivocal. A mild variation in size of the tracheal lumen in combination with the history of hacking cough, could be due to tracheal collapse. It can occur alone or in combination with bronchial collapse. This 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 cardiac function and valvular appearance is suggested. Once mitral

PATIENT

Fiona Prieto

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

16 Years

WEIGHT

8.04 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

ERG

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

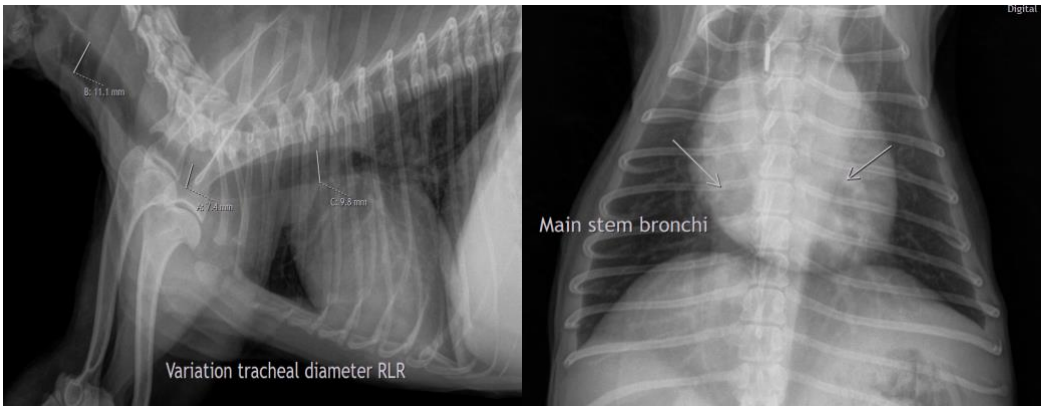
INVOICE

35100

DATE

12/26/25

regurgitation has been ruled out or quantified, tracheo-bronchoscopy should be carried out to look for collapse and to obtain samples (BAL) for cytology and bacteriology. In case an underlying disease is 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.

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