



PATIENT

Fiona Prieto

SPECIES

K9

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

16Y

WEIGHT

8.04lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

ERG

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

73117

DATE

12-26-25

PRESENTING CLINICAL SIGNS

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 Provable. 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

RADIOGRAPHS OF THE THORAX

Un-dated, non-DICOM images from November

R/L lateral and VD are provided, totaling three radiographs for interpretation; dated 26.12.2025

RADIOGRAPHIC FINDINGS

November

The body condition score is 5/9 with little subcutaneous but sufficient intra-abdominal fat. Five wire sutures are located in the rectus abdominis.

The caudal cervical (esp. C6/7) disc spaces appear decreased in size. Disc space L2/3 is decreased in size with sclerotic endplates and ventral spondylosis. The manubrium sterni is short.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic spine and dips at the carina. In left lateral recumbency (LLR) the air space of the tracheal lumen is reduced by approx. 25% in the caudal cervical region and in right lateral recumbency (RLR) by approx. 60%.

The degree of pulmonary expansion is good on the VD and in RLR with all lung lobes well aerated and extending to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches on the VD view. One doughnut is located just caudal to rib 7 on the left and in LLR a few doughnuts are present in the caudo-dorsal lung field.

The cardiac silhouette occupies 90% of the chest height and 4 intercostal spaces. Mild tenting of the left atrium is present in RLR; no obvious chamber or outflow tract enlargement is evident on the VD view.

The liver lobes are rounded. The ventral abdominal wall is slightly pendulous.

December

The trachea 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 LLR; in right lateral recumbency (RLR) the tracheal air space is slightly decreased at the thoracic inlet.

The degree of pulmonary expansion is fair. 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.



PATIENT

Fiona Prieto

SPECIES

K9

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

16Y

WEIGHT

8.04lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

ERG

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

73117

DATE

12-26-25

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse (more obvious in November)
- Peribronchial infiltrate, mild (November)
- LA enlargement, mild (November)
- Possible mild left sided cardiac enlargement (December)

Incidental findings:

- Hepatomegaly, mild
- L2/3
 - Spondylosis
 - Disc disease
- Possible disc space narrowing C-spine
- Congenial alteration manubrium sterni
- Wire sutures abdominal muscle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in November are compatible with 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. The bronchial markings in November suggest bronchitis which seems to have resolved by December; alternatively, the difference in centering and phase of inspiration may have caused the variation. Echocardiography to assess cardiac function and valvular appearance is suggested. When mitral 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. Cushing's disease or Diabetes can cause hepatomegaly and pendulous abdominal wall. Ultrasound and biochemistry are recommended if they have not already been performed. Increased abdominal pressure can result in reduced lung expansion and altered breathing.





PATIENT

Fiona Prieto

SPECIES

K9

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

16Y

WEIGHT

8.04lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

ERG

HOSPITAL NAME

DTLAvets

REFERRING VET

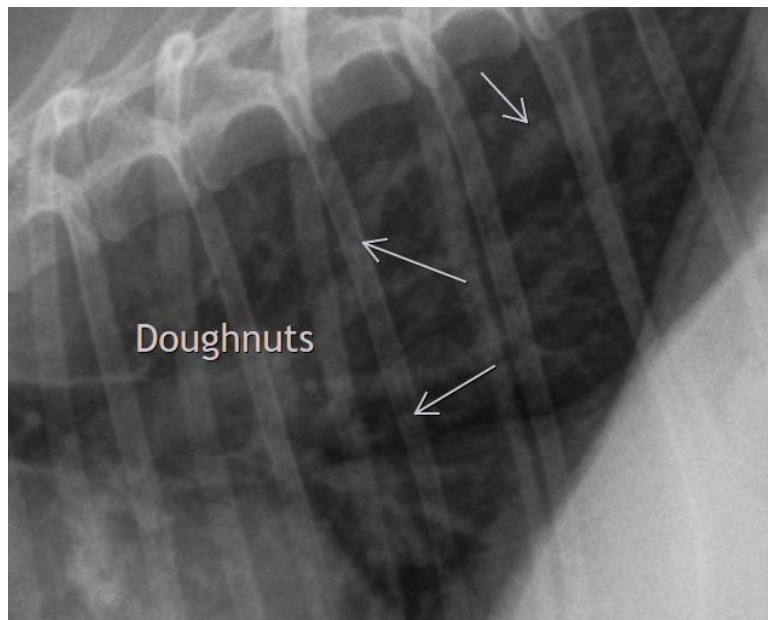
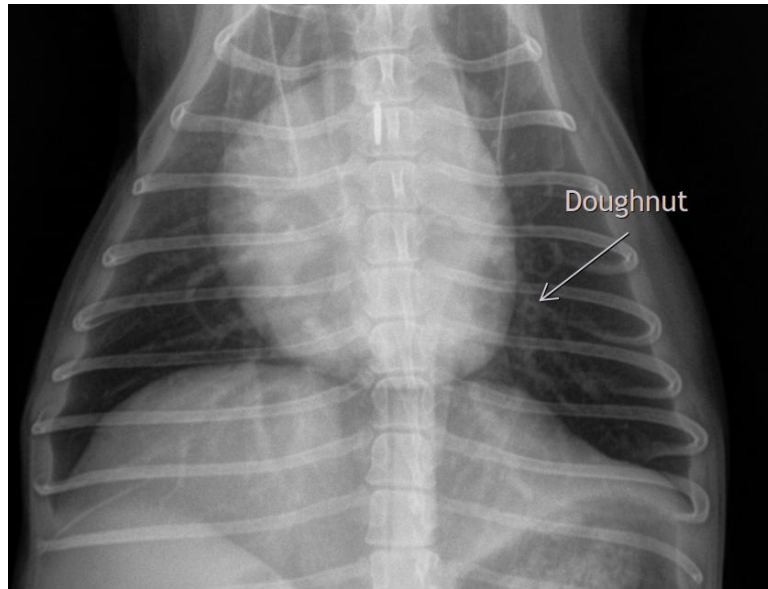
Dr. Castaneda

INVOICE

73117

DATE

12-26-25





PATIENT

Fiona Prieto

SPECIES

K9

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

16Y

WEIGHT

8.04lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

ERG

HOSPITAL NAME

DTLAvets

REFERRING VET

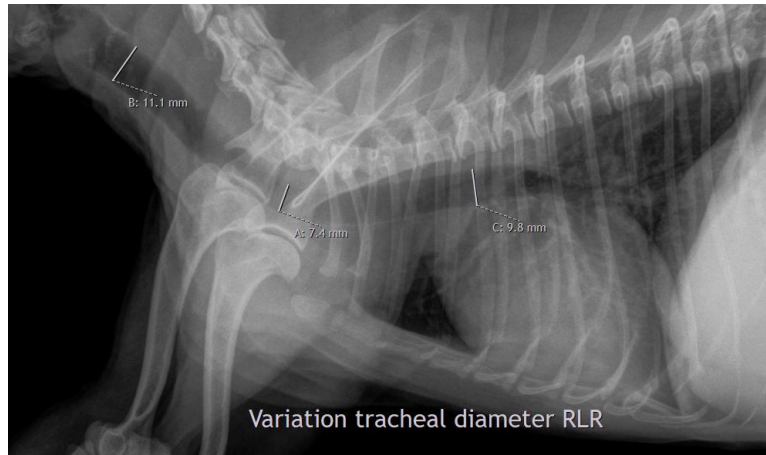
Dr. Castaneda

INVOICE

73117

DATE

12-26-25



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., DipECVDI, DVR
info@sonopath.com