



PATIENT PRESENTING CLINICAL SIGNS

Patient: Pablo Davies
History: Presented for annual PE, vaccines, cough evaluation, check anal sacs, nail trim, check paws. Pt has had chronic cough (several years), but no syncope, dyspnea, or cyanosis. O suspects tracheal collapse, but no prior diagnosis. Pt walked on collar and not harness. No travel outside the Pacific Northwest, and pt tested negative for heartworm when adopted. Pt also scooting on anus but has normal bowel movements. Pt also licking paws excessively. E/d/u/d wnl, no v/d/s noted. No records of prior vax, but O reports pt due for DA2PPL boosters. Lives with 1 other dog. No current parasite prevention. Diet: Nutro dry and wet

SPECIES

Canine

BREED

Chihuahua

Abnormal PE/Chem/CBC/UA Results: Heart and lungs unremarkable on auscultation; Elicited cough repeatedly with tracheal palpation

RADIOGRAPH OF THE THORAX

SEX

Neutered Male

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity. The bony structures appear physiological.

AGE

13 Years

In one right lateral recumbent view a nodular opacity is superimposed onto the distal ribs dorsal to the intersternebral space 1/2. It is not evident on the other views. The tracheal diameter between C3 and T1 varies in diameter and is especially narrow in the left lateral recumbent view.

INTERPRETED BY

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

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse

HOSPITAL NAME

Reid Veterinary H

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Jeff Popowich

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually caused by chondromalacia and is thus 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. Even though the cardiac silhouette appears physiological, only echocardiography can identify if mitral valve incompetence is present. In case a diagnostic tracheoscopy is carried out, a broncho-alveolar lavage should be obtained because bronchitis is not always evident radiographically. Should an underlying disease be present treatment may improve the clinical signs.

INVOICE

13905

The apparent nodule most likely represents a composite shadow rather than pulmonary infiltrate.

DATE

2/12/22



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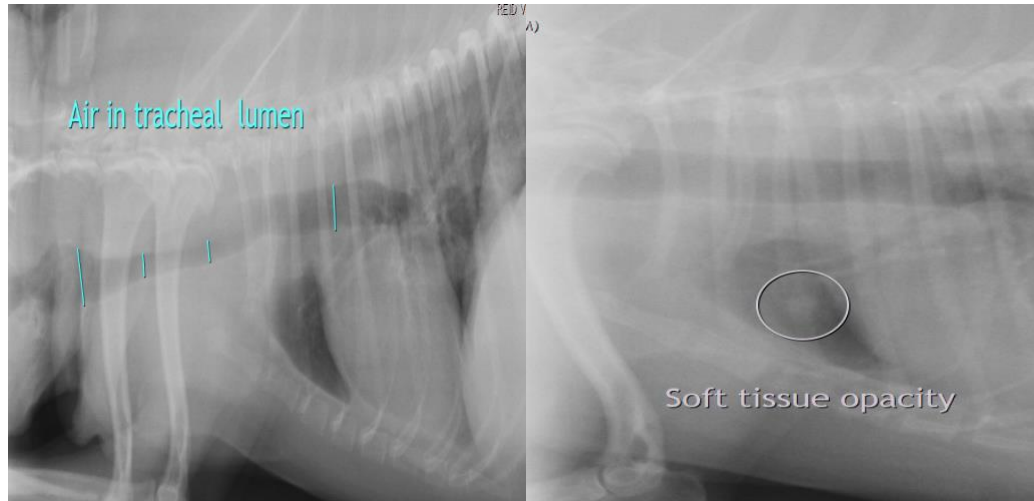
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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