



## PATIENT

Lola Villarose

## SPECIES

Canine

## BREED

Cavapoo

## SEX

FS

## AGE

8

## WEIGHT

24

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. April Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Dr. April Rodriguez

## INVOICE

73994

## DATE

3-2-26

## PRESENTING CLINICAL SIGNS

Met check. AUS Heterogeneous pancreas

Nonhomogeneous hyperechoic mildly cystic hepatic intraparenchymal nodule / small mass

Borderline prominent bilateral adrenal glands

Mild urine sediment

Mild nonorganized gallbladder debris (non mucocele)

Abnormal PE/Chem/CBC/UA Results: Abnormal PE/Chem/CBC: PLI: 1377, fecal neg, ALK: 234,  
Calcium: 11.5, Chol: 400, Trig: 319, Amylase: 2435, PSL: 767.

## RADIOGRAPHS OF THE THORAX

R/L lateral and VD are provided, totaling three radiographs for interpretation.

## RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. The cervical tracheal air space is reduced from dorsally by a soft tissue band.

The degree of pulmonary expansion in right lateral recumbency is fair. The lung lobes in the other two views are well aerated. All lobes extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches, which is best seen on the VD view. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 75% of the chest height and 3.25 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Collapsing trachea

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no pulmonary metastases or lymphadenomegaly. The tracheal narrowing may be real and cause by the dorsal tracheal membrane, or the esophagus is superimposed. No further actions are required if no cough is present.



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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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