



## PATIENT

Missy Sederburg

## SPECIES

Canine

## BREED

Chihuahua

## SEX

FS

## AGE

11Y, 10M

## WEIGHT

8.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mandy, LVT and  
Janette, VA

## HOSPITAL NAME

Gentle Doctor Animal  
Hospital

## REFERRING VET

Dr. Rotthaus

## INVOICE

74085

## DATE

3-9-26

## PRESENTING CLINICAL SIGNS

Missy presented for sudden increase in respiratory effort. No crackles or wheezes on exam. Pulse ox: 96-98%. Pt is on Galliprant for chronic arthritis.

## RADIOGRAPHS OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

A large amount of s.c. fat is present; the intra-thoracic and intraabdominal amount of fat appears more physiological.

Spondylosis is evident along the cervical spine as well as ventral to L1/2. Mild dorsiflexion of the sternum is present.

The cranial mediastinum is of physiologic size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. The air-filled tracheal lumen is reduced by approx. 50% from dorsally in the caudal cervical region.

The 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 80% of the chest height and 3 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

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

## RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse

Incidental findings:

- Sternal deviation
- Spondylosis, mild

## 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. Echocardiography to assess cardiac function and valvular appearance is suggested. Should an underlying disease be present treatment may improve the clinical signs.



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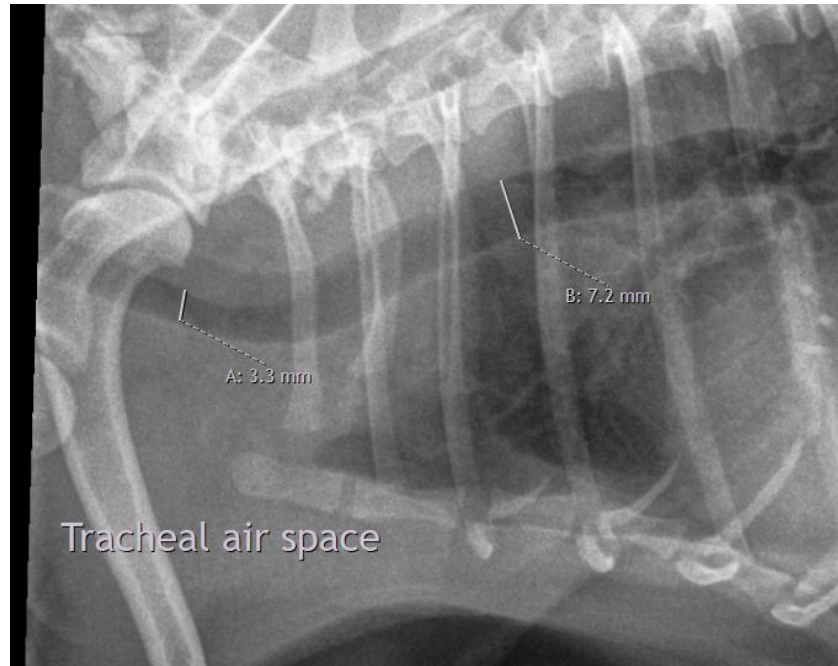
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)