



PATIENT

Peppy Hasanovic

SPECIES

Canine

BREED

Pom

SEX

Male Neutered

AGE

12Y

WEIGHT

8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mucera

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

74654

DATE

4-20-26

PRESENTING CLINICAL SIGNS

Pt has a chronic cough for several weeks, worse at night.

HM 2/6

RADIOGRAPHS OF THORAX AND ABDOMEN

R lateral and VD, totaling 2 radiographs provided for interpretation.

(non-DICOM images)

RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures are within normal limits.

Thorax

The cranial mediastinum is of physiological size and opacity. The terminal trachea diverges slightly from the thoracic vertebrae, and the carina is located level with T5. In the cervical region the trachea is wide, and a soft tissue shadow extends into the lumen from dorsally.

The lung lobes extend to the thoracic boundaries. Pulmonary vessels are visible 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 3 intercostal spaces. Mild tenting of the left atrium suggests enlargement.

Abdomen

The abdominal organs are surrounded by fat; diaphragm and abdominal wall are intact.

The liver is located within the costal arch, and the caudo-ventral lobe is rounded.

The head of the spleen appears physiological; it continues into the splenic body which has an undulating surface on the VD.

The stomach is moderately distended with food. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of fecal matter and gas.

The left renal shadow has a physiological size, shape and opacity; the right is obscured by intestinal loops. The bladder is empty and mineral opacities are located in the region of the cranio-ventral bladder neck and ventral to the body wall, just cranial to the cranially located femur. A well circumscribed, bottle shaped, radiopaque entity is present ventral to the caudal penis bone.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Possible mild left sided cardiomegaly

Incidental findings:

- Urethral calculus
- Possible bladder calculi



PATIENT

Peppy Hasanovic

SPECIES

Canine

BREED

Pom

SEX

Male Neutered

AGE

12Y

WEIGHT

8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mucera

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

74654

DATE

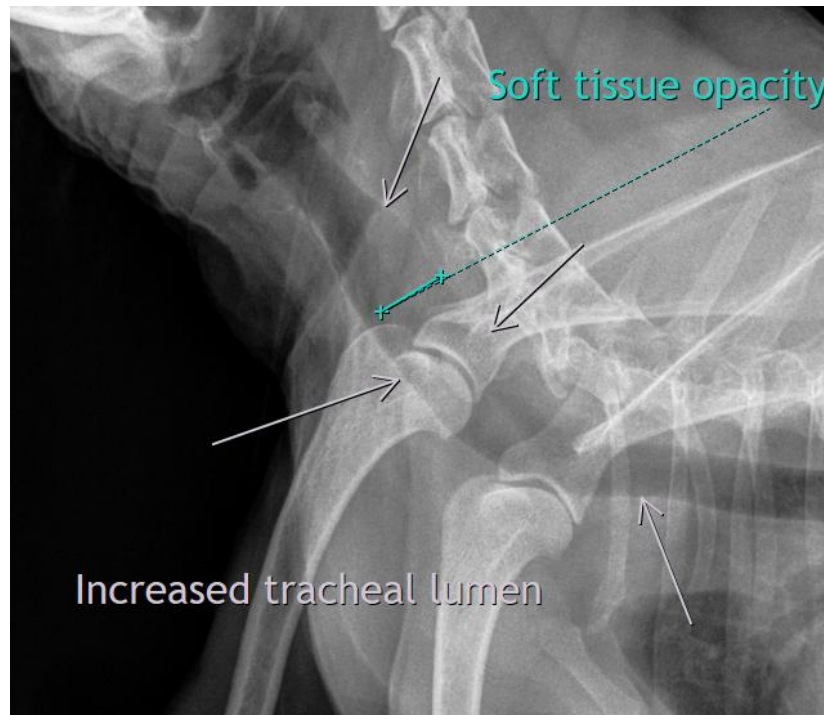
4-20-26

- Altered splenic shape

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., L cardiac enlargement, pneumonia, bronchitis) 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 recommended. Should an underlying disease be present treatment may improve the clinical signs.

It is likely that a urethral calculus is present and catheterization can help prove this. Alternative abdominal ultrasound can be used to identify the position of the apparently cystic calculi and follow the urethra to the penis bone. Retrograde administration of liquid can help with localization of the possible stone. Alteration of the splenic shape is likely an artefact, but palpation and abdominal ultrasound are needed to verify this.





PATIENT

Peppy Hasanovic

SPECIES

Canine

BREED

Pom

SEX

Male Neutered

AGE

12Y

WEIGHT

8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mucera

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

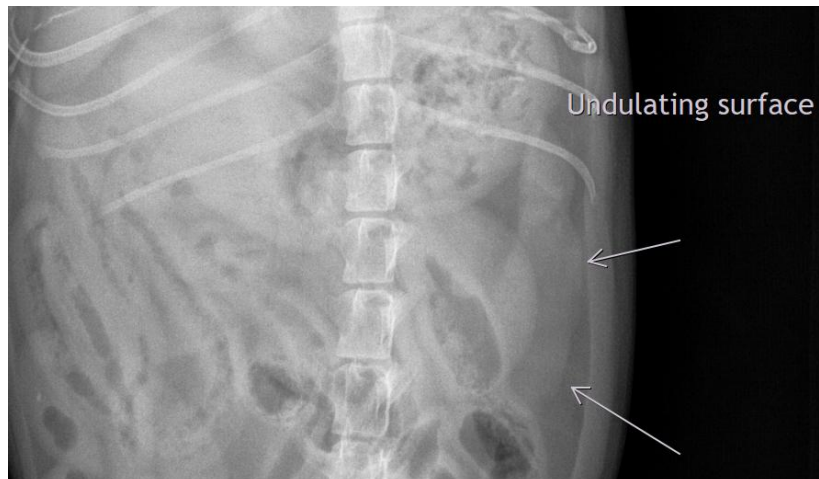
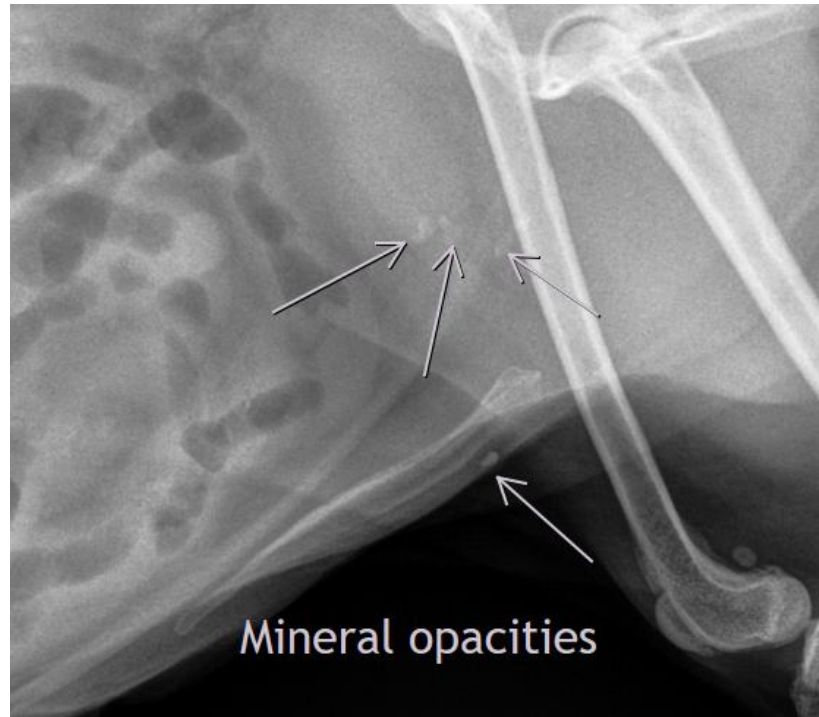
Dr. Mucera

INVOICE

74654

DATE

4-20-26



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