



## PATIENT

Luna Offutt

## SPECIES

Canine

## BREED

Yorkie Terrier

## SEX

SF

## AGE

14Y, 4M

## WEIGHT

12.5lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christian

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

Dr. Courtney

## INVOICE

74751

## DATE

4-23-26

## PRESENTING CLINICAL SIGNS

P is presented for being lethargic, also the O said that the dog was walking to him this morning and he collapsed. P has history of collapsing trachea as well.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Heart auscultates with a grade 4/6, L-sided, systolic murmur noted. SSFP. Lungs auscult with no crackles or wheezes. Heart murmur is mildly worsened: Was grade 2-3/6, and now is grade 4/6. Tracheal collapse.

## RADIOGRAPHS OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

The body condition score is 5-6/9 with smooth, alternating layers of fat and soft tissue opacity.

Disc space narrowing appears to be present in the caudal cervical spine. This is associated with ventral spondylosis. L1/2 shows similar changes. A small amount of smooth new bone is present on the cranial heads and one anconeal process.

The cranial mediastinum is of physiologic size and opacity. The terminal trachea diverges slightly from the thoracic vertebrae, and the carina is located level with T5/6.

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. Small doughnuts are evident over the diaphragm in the right caudal lobe.

The cardiac silhouette occupies 90% of the chest height and 4 intercostal spaces. The caudal heart border is straight, and tenting of the left atrium is present. The main stem bronchi are pushed apart slightly on the VD.

The liver extends just beyond the costal arch and the lobes are rounded. The gastric axis is slightly displaced caudally.

## RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- L sided cardiomegaly, moderate
- Peribronchial infiltrate, mild
- Hepatomegaly

## C-spine:

- Disc space variation
- Spondylosis
- Elbow OA, mild

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rotation of the cervical spine may be the cause of the disc space variation. Because accurate positioning of the spine is difficult, even under G.A., and cord compression can only be identified with myelography or in cross-sectional imaging I suggest a neurological examination. This may have to be followed by cross sectional imaging.



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Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse may go unnoticed until physical circumstances (such as stress, running, excitement) or disease such as 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 may be present. Echocardiography to assess cardiac function and valvular appearance is suggested. Should an underlying disease be present treatment may improve the clinical signs. Liver enzymes should be checked in case a pathology is present. Abdominal ultrasound may have to follow.





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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)