



PATIENT

Maximus Robinson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

9 Years 4 Months

WEIGHT

15.56 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

36797

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Started coughing last Saturday night, happens when he's excited and normally starts around 4-5AM and when he's resting or relaxing. Sent home steroids and antibiotics and the cough hasn't gotten any better since examined on 4/21. Cough now starts around 2AM. Did x-rays today.

Abnormal PE/Chem/CBC/UA Results: PE: WNL

RADIOGRAPHIC STUDY OF THE THORAX

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

The ribs on T13 are poorly mineralized. The disc spaces T11-13 are reduced and ventral spondylosis is present T11/12.

The cranial mediastinum is of physiologic size and opacity. In the thoracic inlet the tracheal lumen is reduced approx. 50% from dorsally by a soft tissue band.

The degree of pulmonary expansion is fair. Pulmonary vessels are outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

RADIOGRAPHIC DIAGNOSIS

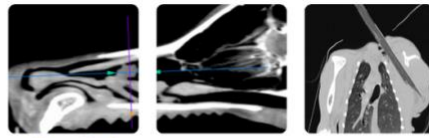
- Tracheal collapse

Incidental finding

- Spondylosis
- Possible chronic disc disease
- Reduced mineralization ribs 13

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tracheal collapse can be due to malformation or 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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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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com