



PATIENT

Rusty Hernandez

SPECIES

Canine

BREED

Poodle

SEX

MN

AGE

15Y, 1M, 6D

WEIGHT

5.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Venice

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. V

INVOICE

74917

DATE

5-6-26

PRESENTING CLINICAL SIGNS

History of collapsing trachea and heart murmur prior to anaesthesia. Dental procedure on 4/13/26, coughing has been worse since. No discharge from nasal cavity. No panting at night.

RADIOGRAPHS OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 6/9.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T4/5. The tracheal lumen is reduced in the thoracic inlet by a dorsal soft tissue opacity.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. A The caudal border is straight and the aortic arch visible on the VD view.

The degree of pulmonary expansion is fair at best. A reticular interstitial pattern is present in the caudal lobes on both lateral views.

A large amount of air is present in the stomach.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Reticular interstitial pattern

Incidental finding:

- Aerophagia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An interstitial lung pattern is a non-specific finding and accentuated by the only fair expansion of the lung field. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal e.g., candida, viral, Rickettsia, Spirochetes, parasitic e.g., angiostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy)
- Edema
- Early idiopathic fibrosis

Less likely

- Diffuse hemorrhage
- Tumor (e.g., lymphoma)

Fecal samples should be obtained to rule out parasites.

Tracheal collapse alone can be due to a weakened dorsal tracheal ligament or tracheal malformation. 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



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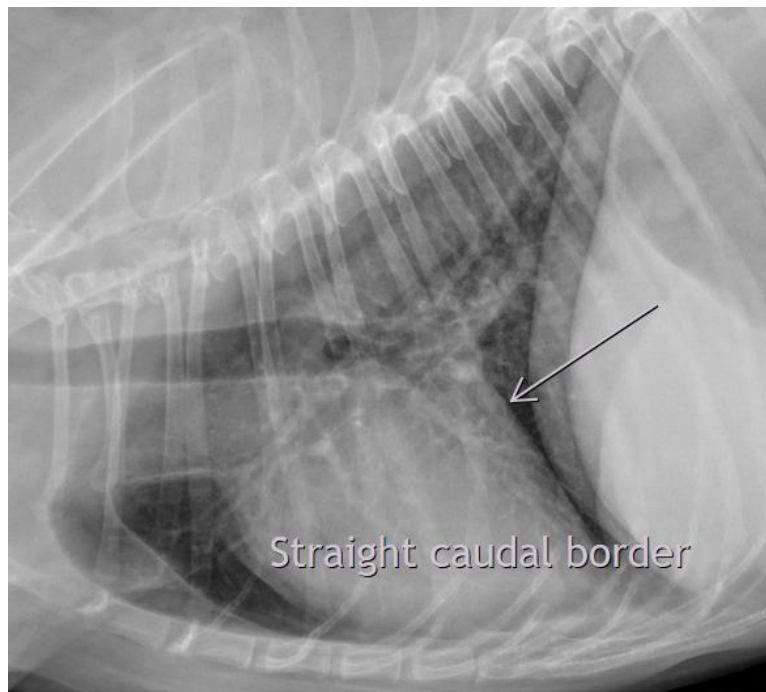
DATE

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imaging both pathologies is tracheo-bronchoscopy. A sample should be obtained for cytology and bacteriology.

The straight caudal heart border is non-specific. Especially as it is not associated with obvious left atrial tenting. However, echocardiography to assess cardiac function and valvular appearance is suggested.

Aerophagia is probably the result of stress during radiography.





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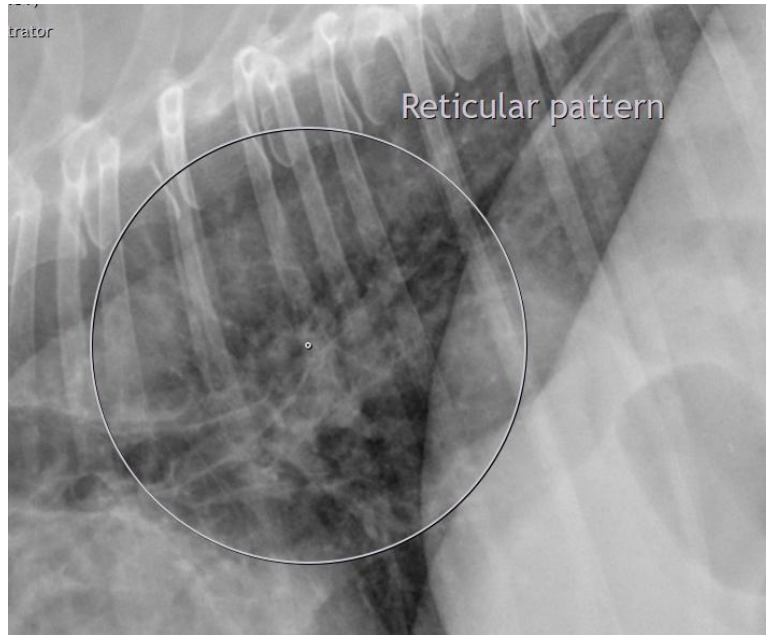
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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