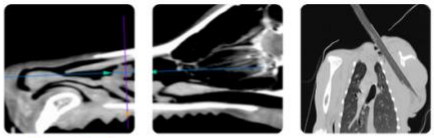

PATIENT

Charley Zare

SPECIES

Canine

BREED

Pom

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

DL/NB

HOSPITAL NAME

Green Dog Dental & Wellness

REFERRING VET

Dr. Alzate

INVOICE

37378

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: Owner has noticed increased intermittent coughing

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 8/9 with a large amount of dorsal s.c. fat.

L-spondylosis and elbow arthrosis are present.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5. The tracheal lumen is reduced by approx. 40% at the thoracic inlet. Air is present in cranial cervical esophagus and just dorsal to the terminal trachea.

The cardiac silhouette occupies 75% of the chest height and 3.5 intercostal spaces. A chamber or outflow tract enlargement is not obvious.

The degree of pulmonary expansion is fair at best. Secondary and tertiary vascular branches are slightly blurred. The bronchial tree is thin walled

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Interstitial pattern

Incidental findings

- Obesity
- Elbow arthrosis
- Spondylosis L-spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tracheal collapse alone can be due to a malformation or 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, obesity) or disease (e.g., pneumonia, bronchitis, L cardiac enlargement) reduce the ease of airflow. The gold standard for imaging both pathologies is tracheo-bronchoscopy. A sample should be obtained for cytology and bacteriology at the same time, 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.
An interstitial lung pattern is a non-specific finding and is accentuated by obesity and rotation. Possible differential diagnoses for a true infiltrate include:

- Infection (bacterial, fungal, viral, parasitic e.g., aelurostrongylus)
- Inflammation (allergic pneumonitis, eosinophilic bronchopneumopathy)
- Edema
- Diffuse hemorrhage
- Early idiopathic fibrosis
- Tumor (e.g., lymphoma)

Fecal samples ca be obtained to rule out parasites.

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

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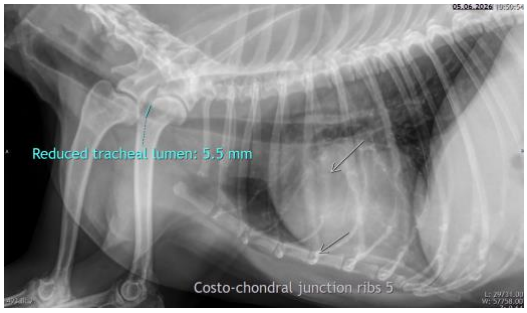

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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