



PATIENT

George Leibel

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered Male

AGE

2 Years

WEIGHT

6.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Bay City AH

REFERRING VET

Dr. Hawliston Lima

INVOICE

37379

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: Been coughing for 6 months, been on a grain free diet since 4 months old.

Abnormal PE/Chem/CBC/UA Results: BCS 4/5. Irregular rhythm heart no heart murmur

RADIOGRAPHIC STUDY OF THE THORAX

The body condition score is 7-8/9 with smooth, alternating layers of fat and soft tissue opacity.

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 T/6. The cervical trachea in right lateral recumbency is larger than the thoracic portion. In left lateral recumbency the tracheal lumen is reduced from dorsally in this region.

The cardiac silhouette is slightly raised from the sternum by fat; it occupies 80% 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. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

RADIOGRAPHIC DIAGNOSIS

- Variation in size of tracheal lumen
- Cranio-caudal cardiac measurement at the upper limit of the physiological range

Incidental finding

- Early obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that cannot be explained by positioning or obesity. Due to the prominent cranio-caudal diameter of the heart in a deep chested individual, in combination with the irregular rhythm described in the history, further cardiac examination with ECG and echocardiography is recommended. Variation in tracheal diameter per se does not imply tracheal collapse but in combination with a reduced diameter due to a crescent shaped, dorsal soft tissue line this is more likely. Nevertheless, rotation of the neck makes it difficult to verify this radiographically. The gold standard for imaging it is tracheo-bronchoscopy. A sample should be obtained at the same time for cytology and bacteriology because bronchitis can be present without radiographic evidence.



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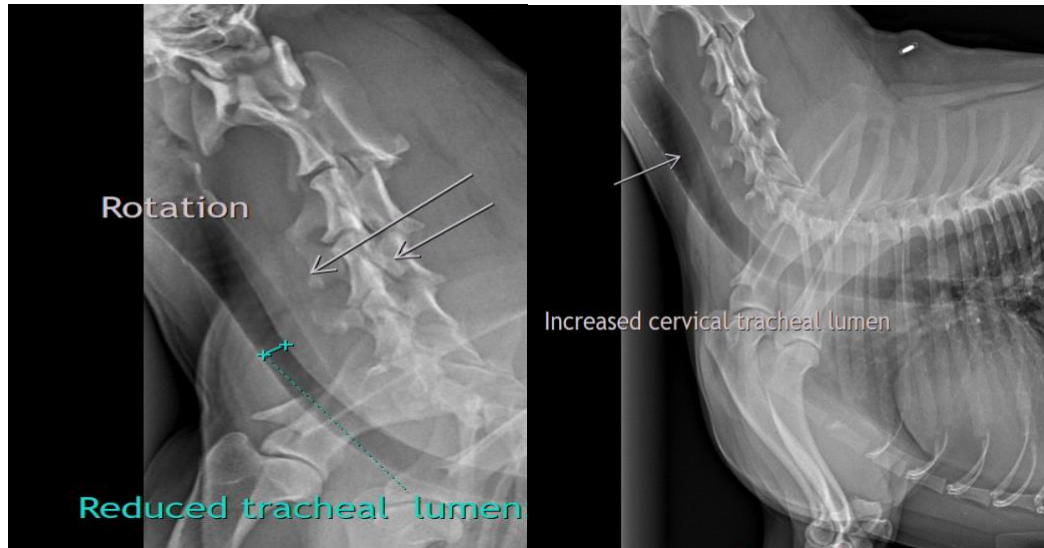
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com