



PATIENT

Stanley Kinney

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

14

WEIGHT

12.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Bowersox

HOSPITAL NAME

Mountain West VS

REFERRING VET

Dr. Bowersox

INVOICE

37386

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: Chronic progressive cough, today coughed so hard he collapsed

RADIOGRAPHIC STUDY OF THE THORAX

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

Both elbows show a moderate amount of new bone formation.

The cranial mediastinum is of physiologic width and opacity. The cranial thoracic trachea shows ventral kinking on the lateral views and a bend to the right on the DV. The tracheal lumen at the thoracic inlet is reduced in left lateral recumbency. A pocket of air is evident in the cranial thoracic esophagus in right lateral recumbency.

The cardiac silhouette occupies 75% of the chest height and approx. 3 intercostal spaces. The left atrium appears prominent and the main stem bronchi are diverging on the VD view.

The degree of pulmonary expansion is fair at best. Pulmonary vessels are well outlined to the tertiary branches in the caudal lung lobes. The bronchial tree is thin walled and tapers towards the periphery.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Possibly enlarged left atrium

Incidental finding

- Elbow arthrosis

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., L cardiac enlargement, pneumonia, bronchitis, BOAS) reduce 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 recommended. 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.

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