



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Peppy Davis History: Peppy has had a significant increase in panting at night, at times sounding like he is wheezing. Peppy sleeps with Greg and he has noticed the breathing increase. Charlene thinks his energy level is normal. He spends a lot of time in the kennel but they have a younger puppy that keeps him busy. They are not giving Temaril P anymore as Greg is hesitant to give steroids frequently or chronically.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Tracheal palpation did not elicit cough. Very obese.

**RADIOGRAPHIC STUDY OF THE NECK AND THORAX**

**BREED Neck**

Miniature Pinscher No signs of aggressive osteolysis have been identified along the cervical and thoracic spine.

**SEX**

The retropharyngeal region is normal. Tracheal diameter is slightly reduced in the thoracic inlet.

**Thorax**

Neutered Male

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

**AGE**

The bony structures appear physiological.

4 Years 11 Months

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

**INTERPRETED BY**

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

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. The air-filled tracheal lumen is reduced between C4 and T1 on the right lateral recumbent view.

**HOSPITAL NAME**

Elizabeth AH

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

**RADIOGRAPHIC DIAGNOSIS**

- Possible tracheal collapse

**REFERRING VET**

Leon Anderson, DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

16586

I can see no other changes than the transient reduction of the tracheal air shadow. Tracheal collapse alone can be due to a weakened dorsal tracheal ligament. Tracheal in combination with bronchial collapse is usually caused by chondromalacia and is thus 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. Echocardiography to assess mitral valve as well as L atrial size and bronchoscopy to obtain a BAL is recommended if the clinical signs worsen because bronchitis (e.g. allergic) can be present without radiographic evidence.

**DATE**

7/29/22



**PATIENT**

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

Peppy Davis

**SPECIES**

Canine

**BREED**

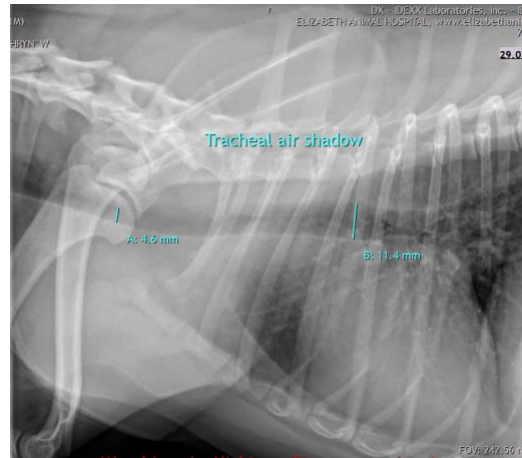
Miniature Pinscher

**SEX**

Neutered Male

**AGE**

4 Years 11 Months



**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.

**INTERPRETED BY**

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