



**PATIENT PRESENTING CLINICAL SIGNS**

**Nacho Tracy**  
**SPECIES** Canine  
 History: Dog was seen in March for coughing, diagnosed with probable collapsing trachea and chronic old dog lung changes, possible chronic bronchitis by Dr. Cheeseman here. She did very well on Temaril P, but cough recurred within a week or two of finishing the medication. She coughs intermittently, maybe 3 times per week, but when she does, it can go on for 3-5 minutes. Does happen sometimes with excitement but can also happen when she is just resting. Was rechecked in May and recommendations were made for a dental which was performed. No improvement and the cough appears to be progressing. Exam today no wheezes, crackles, or murmur auscultated. no response to tracheal pinch.

**BREED RADIOGRAPHIC STUDY OF THE THORAX**

**Chihuahua**  
 The body condition score is 7/9 with subcutaneous lipoma on the left chest wall.  
 Small osteophytes are present on some end palates.

**SEX**

**Spayed Female**  
 The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible to the tertiary branches on the VD view. The bronchial tree is thin walled and tapers uniformly towards the periphery.

**AGE**

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The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina. At the thoracic inlet the air-filled tracheal lumen is narrowed from dorsally by a soft tissue opacity.

The cardiac silhouette occupies 85% of the chest height and approx. 3.5 intercostal spaces, the cranial heart border is not clearly outlined on the right lateral recumbent views (VHS 10.5). On the VD view the pulmonary artery segment is prominent and the right side appears rounded, similar to a reversed D.

**INTERPRETED BY**

**Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR**  
 The stomach is moderately filled with food.

**RADIOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

- Valley Veterinary Services**
- Collapsing trachea
  - Incidental findings
  - Spondylosis, mild
  - Lipoma, L thoracic wall

**REFERRING VET**

**Korin D'Ascenszo**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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23922

Compared to the images from March, the tracheal collapse appears less obvious; this, however is more likely due to environmental reasons (e.g. reduced stress, phase of respiration) rather than to a change in the tracheal membrane. The pulmonary artery segment appears more prominent than previously and echocardiography is recommended in case pulmonary or tricuspid valve regurgitation is present. When the cranial heart border is difficult to see on an expiratory, right lateral recumbent view with a degree of rotation, an accurate VHS assessment is not possible but cardiac dimension don't differ

**DATE**

8/11/23



**PATIENT** greatly from the ones obtained 5 months ago. The gastric axis is in a physiological position though the tip of the ventral liver lobe is rounded; this may be due to lipidosis.

Nacho Tracy

**TECHNICAL COMMENTS**

Rotation is present on the lateral views. Full stomach.

**SPECIES**

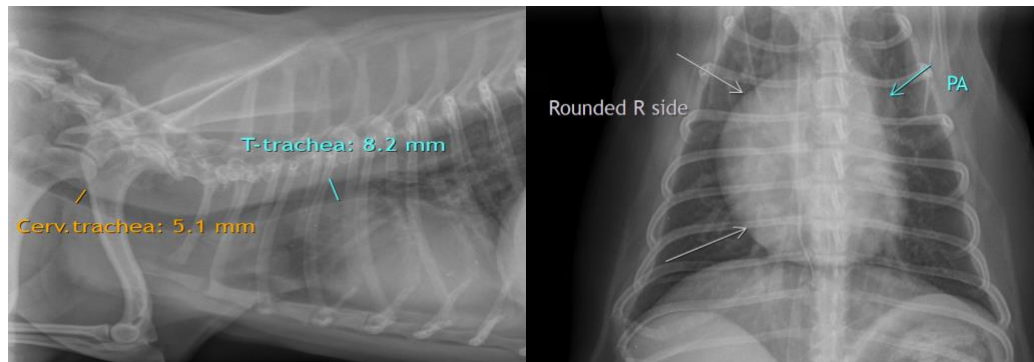
Canine

**BREED**

Chihuahua

**SEX**

Spayed Female



**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.**

**AGE**

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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**

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

**HOSPITAL NAME**

Valley Veterinary  
Services

**REFERRING VET**

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