



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Remington Rose
SPECIES Canine
BREED Yorkshire Terrier

History: Remington presented today as her O has noticed that she seems to have a bit of a gag/step in her breathing lately - like something is stuck in her throat and she's trying to clear it. O says it does not sound like a cough or a sneeze. Remington is eating/drinking fine; U/BM normal; no v/d. Diagnosed with PLE & PLN at the VMC in Jan. 2022. Medications: Clopidogrel 75mg tablets - 1/4 tab PO SID, Prednisolone (1mg/mL liquid) - 1 ml PO SID, and Telmisartan 4 mg/mL oral suspension - 0.8 ml PO SID.

Abnormal PE/Chem/CBC/UA Results: BAR - does not appear to be in distress. No heart murmur or arrhythmia on auscultation, Mild crackles (?) heard on auscultation of R cranial lungs with each inspiration. No increase in respiratory effort. Missing all teeth except for upper PM on L side which has thick dental calculus and some GR at this time. Tongue sticks out of mouth on R side (looks a bit purplish in colour). Opened mouth to examine oral cavity and did not see anything abnormal but cannot get a really good look. Rest of PE unremarkable. *Bloodwork and UA not performed today.

SEX RADIOGRAPHIC STUDY OF THE THORAX

SEX Spayed Female
 The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.
 The bony structures appear physiological.

AGE 8 Years
 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. The degree of pulmonary expansion is variable.

INTERPRETED BY
 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 lumen is markedly reduced in the caudal cervical region (0.1cm vs 0.6cm).

Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR
 The cardiac silhouette occupies 90% of the chest height and 3.5 intercostal spaces (VHS 10). No chamber or outflow tract enlargement is evident.

HOSPITAL NAME Woodridge VC
 The ventral liver lobe appears to extend slightly beyond the costal arch.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse

REFERRING VET INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Breanne Couperthwaite
 Tracheal collapse alone can be due to a 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) or disease (e.g. pneumonia, bronchitis, L cardiac enlargement) reduces the ease of airflow. Echocardiography to assess mitral valve and left atrial size can be performed once a murmur is audible. Bronchoscopy to obtain a BAL is recommended. Should an underlying disease be present treatment may improve the clinical signs.

INVOICE 23789

DATE 8/4/23



PATIENT

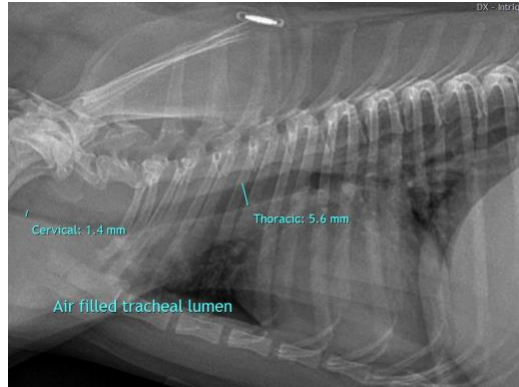
Remington Rose

SPECIES

Canine

BREED

Yorkshire Terrier



SEX

Spayed Female

AGE

8 Years

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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INTERPRETED BY

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REFERRING VET

Dr. Breanne
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