



**PATIENT**

Rudy Alves

**PRESENTING CLINICAL SIGNS**

New client/patient to us. History of stiffness in hind end that has been ongoing, is on 75mg gabapentin SID for pain. Chest radiographs for pre-anesthetic workup, has history of collapsing trachea, is on lomotil SID PRN for cough.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: No abnormal PE findings, other than stiffness in back end.

**RADIOGRAPHIC STUDY OF THE THORAX, PELVIS, & STIFLES**

**BREED**

Pug Mix

Right/left lateral and ventrodorsal views of the thorax, lateral and ventrodorsal views of the pelvis, and mediolateral and craniocaudal views of the stifles totaling 9 images available for review in jpeg format.

**SEX**

MN

Only jpg images were submitted. The transformation from DICOM to jpg only allows for limited manipulation of the image. For the best possible results, we suggest submitting DICOM images in the future. Please do not hesitate to contact us should you need any help with the submission process.

**RADIOGRAPHIC FINDINGS**

**AGE**

12

**Thorax**

Both shoulders present mild osteoarthritic changes.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

No vertebral malformations are seen.

Varying degrees of caudocervical tracheal collapse are seen on the lateral views of the thorax.

**HOSPITAL NAME**

Nagel & Co.  
Veterinary Services

The degree of pulmonary inflation is moderate. An area of increased opacity is seen in the caudodorsal thorax in the lateral views. This is not repeated in the orthogonal views. The remainder of the lung and bronchial tree present within age related normal limits. Occasional age related incidental pulmonary osteomas are seen. No evidence of bronchial collapse is noted.

The cardiac silhouette presents within normal limits. No overall enlargement and no specific chamber enlargement is seen. The pulmonary vasculature presents within normal limits.

**REFERRING VET**

Dr. Ross Duncan

**Pelvis**

The lumbosacral junction presents within normal limits.

**INVOICE**

56419

A mild amount of circumferential femoral head osteophytes and caudolateral curvilinear femoral neck osteophytes are seen in the left coxofemoral joint. The right coxofemoral joint presents within age related normal limits.

No significant muscle atrophy can be seen in the hind limbs.

**DATE**

1-27-23

**Stifles**

There is no evidence of articular swelling.



**PATIENT**

Rudy Alves

A cartilage remnant is seen in the tibial tuberosity in both stifles and is considered an incidental finding.

There is no evidence of cranial thrust of the tibia, no subchondral bone defects, and no osteoarthritic changes are seen.

**SPECIES**

Canine

Both patellae are in situ.

**RADIOGRAPHIC DIAGNOSIS**

**BREED**

Pug Mix

- Area of increased opacity in the caudodorsal thorax.
- Dynamic tracheal disease.
- Normal radiographic presentation of the stifle joints.
- Mild left coxofemoral joint osteoarthritis.
- Normal right coxofemoral joint.
- Mild bilateral shoulder osteoarthritis.

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

12

The radiographic study confirms presence of dynamic tracheal disease of the caudocervical trachea.

The area of increased opacity in the caudodorsal thorax may be a summation artifact. It may also represent an area of peribronchial consolidation/infiltrates such as inflammatory/infectious and very unlikely to be neoplastic. Partial hiatal hernia with transient herniation of the lower esophageal sphincter appears to be a potential differential diagnosis as well.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Recheck radiographs in 2 weeks recommended.

**HOSPITAL NAME**

Nagel & Co.  
Veterinary Services

**REFERRING VET**

Dr. Ross Duncan

**INVOICE**

56419

**DATE**

1-27-23



**PATIENT**

Rudy Alves

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

MN

**AGE**

12

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Nagel & Co.  
Veterinary Services

**REFERRING VET**

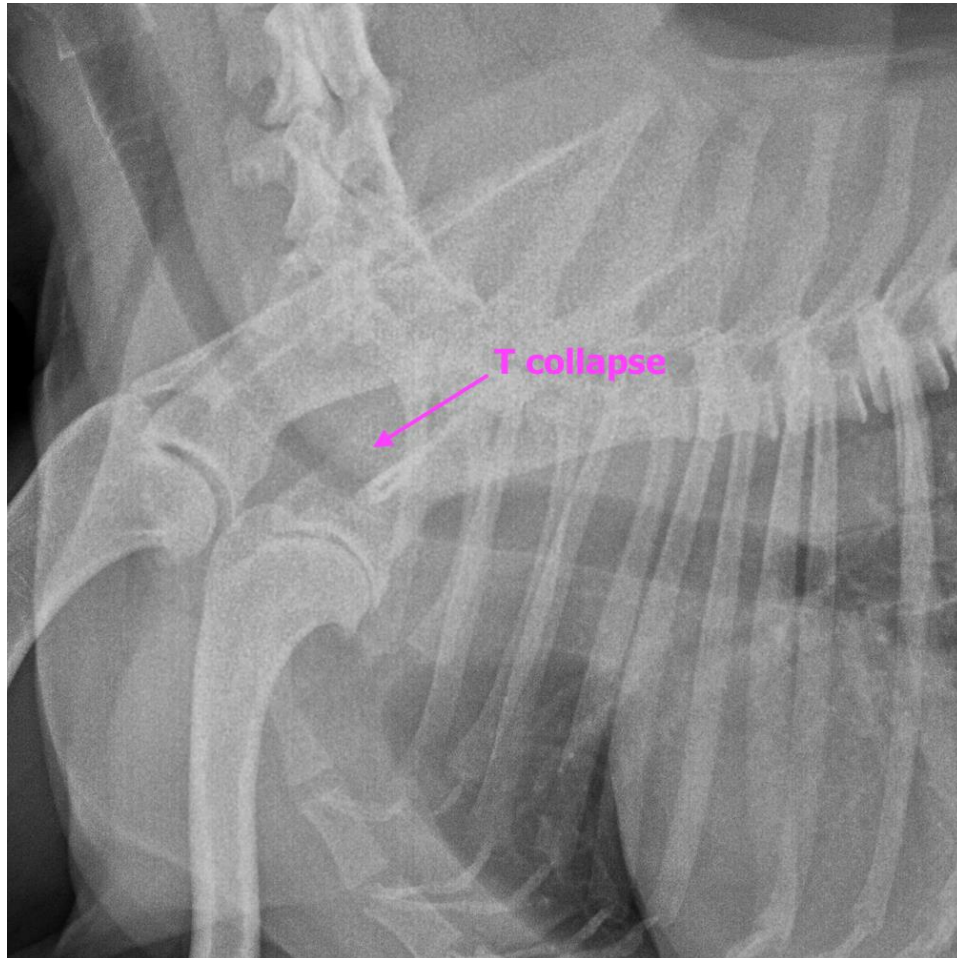
Dr. Ross Duncan

**INVOICE**

56419

**DATE**

1-27-23



**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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com