



**PATIENT PRESENTING CLINICAL SIGNS**

Dakota Hailand Reason for Visit: coughing/reverse sneezing. History: Patient is presented today b/c since they have had P he has this crazy reverse sneeze says owner. P never really coughs its always a snorting but O has never seen any discharge coming from nose eyes or mouth when this happens. O also notes that these eppisodes only happen when P has a toy or is very excited, never has O seen P heavy or labord breathing in sleep or at rest. everything else with P is fine & normal.

**SPECIES** Canine C/S/V/D: -c +s -v -d E/D/U/D: wnl Diet: dr harveys. FAS Score: 1 Current Medications (dose and frequency): none Heartworm Prevention / Flea Prevention: trio Known Allergies and Medical Conditions: none Microchip ID: / No microchip Vital Signs Weight:9.5 Temp: did not obtain HR: 144 RR: barking MM/CRT: p/m

**BREED** Terrier Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4. Grade 3-4/4 bilateral MPL Uro/Perineum: Intact male, 2 descended testicles Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not performed today Diagnostic Testing Needed: Thoracic radiographs Declined Diagnostics/Treatments: none Findings: Thoracic radiographs: Redundant tracheal membrane. Final consult pending Assessment: Coughing: r/o collapsing trachea vs. allergic bronchitis vs. other Dental tartar (mild) Intact male Bilateral MPL Treatment Plan: Pending rad report Treatment Declined: None Prescriptions to Dispense: None today Dietary (food) Recommendations: Reg. Discussed about weight management Recheck Needed: Pending rad report Follow-up Care:

**SEX** Male

**AGE** 1 Year

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**RADIOGRAPHIC STUDY OF THE THORAX**

Right lateral and ventrodorsal views totaling 2 images available for review.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**RADIOGRAPHIC FINDINGS**

Redundancy of the dorsal tracheal ligament of the caudocervical trachea is seen.

The degree of pulmonary inflation is moderate. The lung and bronchial tree present within normal limits.

**REFERRING VET**

Dr. Rivera

There is no evidence of mediastinal enlargement.

Mild generalized enlargement of the cardiac silhouette with a vertebral heart score of 11 is noted with no evidence of specific chamber enlargement and no signs of congestion.

**INVOICE**

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The thoracic boundaries present within normal limits.

**RADIOGRAPHIC DIAGNOSIS**

- Redundant dorsal tracheal ligament.
- Mild generalized cardiomegaly.

**DATE**

1-29-23



**PATIENT**

Dakota Hailand

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals redundancy of the dorsal tracheal ligament which can be an incidental finding but is on occasion associated with dynamic tracheal disease.

**SPECIES**

Canine

Mild supranormal generalized enlargement of the cardiac silhouette was noted and may indicate cardiac pathology. However, diastolic exposure, anemia, bradycardia, or fever could also explain the radiographic presentation of the cardiac silhouette and clinical significance is not necessarily given. There is no evidence of volume overload or congestive heart failure.

**BREED**

Terrier

**SEX**

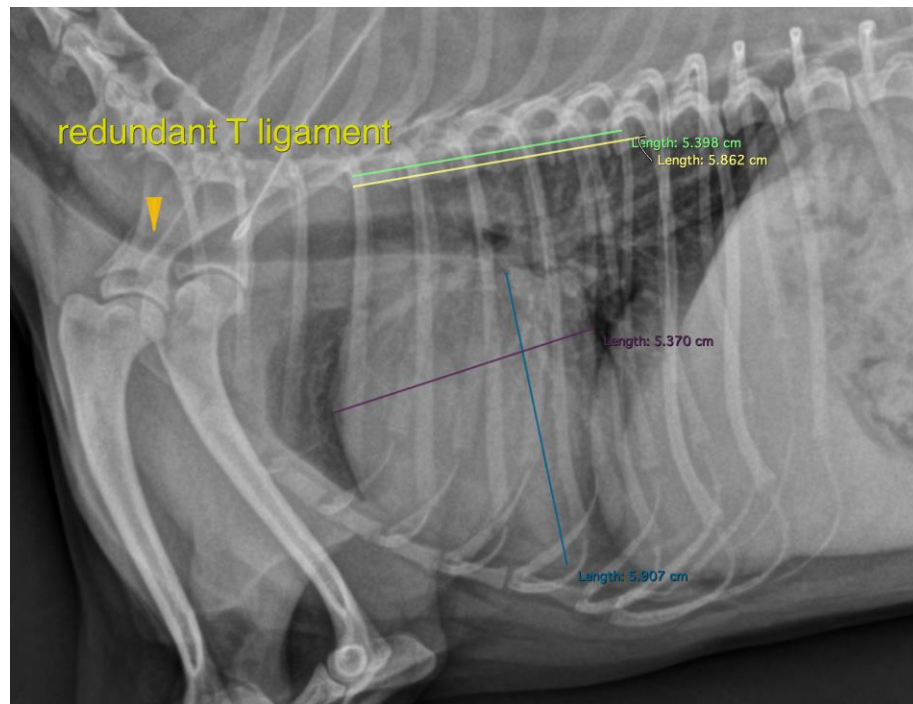
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**REFERRING VET**

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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.

**INVOICE**

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