



**PATIENT**

Cici Echevarria

**PRESENTING CLINICAL SIGNS**

P presents for hacking/coughing. P has history of coughing since July of 2021. 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. Non-productive cough on tracheal palpation. Oral cavity: Missing some teeth, moderate dental tartar Musculoskeletal: BCS = 6/9. Ambulatory x 4. Bilateral grade 2/4 MPL Uro/Perineum: No significant lesions 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

**SPECIES**

Canine

**BREED**

Yorkie

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**SEX**

Spayed Female

**RADIOGRAPHIC FINDINGS**

The patient is mildly obese.

**AGE**

10 Years, 1 Month

T5/6 spondylosis is seen.

There is mild left sided cardiomegaly with loss of the caudal cardiac waist and early left atrial tenting. The vertebral heart score is 10.6.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

No evidence of mediastinal widening is noted. There is no evidence of an intrathoracic mass effect.

A mild generalized bronchial lung pattern is noted.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

There appears to be mild dorsoventral collapse of the caudocervical trachea.

**RADIOGRAPHIC DIAGNOSIS**

- Mild left sided cardiomegaly without evidence of congestive heart failure.
- Mild caudocervical tracheal collapse.
- Mild bronchial pattern.

**REFERRING VET**

Dr. Rivera

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The reason for the coughing is not entirely clear. I do consider the cardiomegaly and left atrial enlargement mild and minor in the context of the coughing at this point. However, mitral valve regurgitation and endocardiosis cannot be ruled out entirely.

**INVOICE**

47762

There appears to be potential for collapsing cervical trachea even though the degree of collapse is mild on the radiographs. More severe dynamic collapse may be present.

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The mild bronchial lung pattern is considered within age related normal limits. Low grade lower airway inflammation cannot be ruled out entirely.



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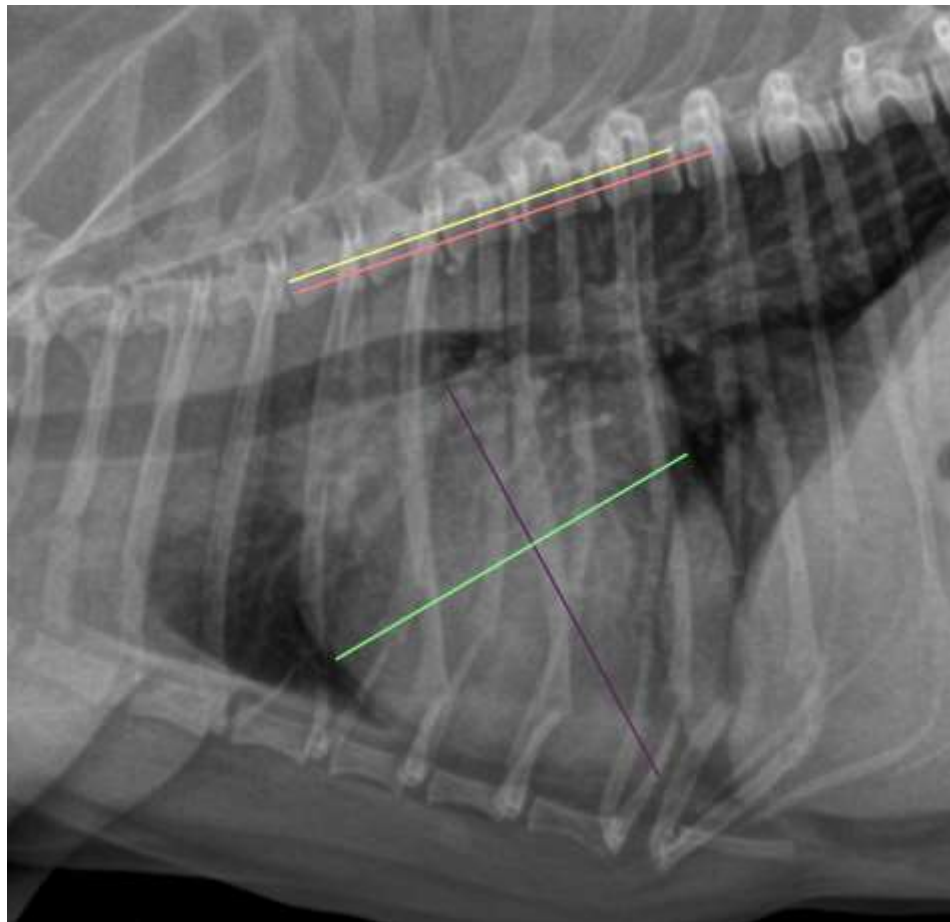
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**REFERRING VET**

Dr. Rivera

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**  
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Nele.Eley@sonopath.com

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