



**PATIENT**

Mila B Adenhorst

**PRESENTING CLINICAL SIGNS**

On/off coughing for a couple of months. Goes through episodes of coughing and unwillingness to climb stairs. Was previously diagnosed with heart disease at another clinic. No audible murmur, no previous cardiac changes on rads, ProBNP normal. Still on pimobendan as the owner thinks it helps. Owner gave furosemide morning of current rads.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Physical exam unremarkable, except brachycephaly and stenotic nostrils. Owner brought a video which showed repeated hacks followed by a productive retch, reminiscent of bordetella.

**BREED**

Shih Tzu

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

**SEX**

FS

Mild bilateral shoulder osteoarthritis is seen.

**AGE**

10 Years

The cardiac silhouette is upright and thin. The vertebral heart score is 10.5.

The degree of pulmonary inflation is fair. A moderate generalized bronchial lung pattern is noted with even distribution throughout the lung.

Moderate dorsoventral collapse of the cervical trachea is seen. The intrathoracic trachea presents no evidence of collapse.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

There is mild esophageal aerophagia.

Mild generalized hepatomegaly is noted.

**HOSPITAL NAME**

Lomsnes Veterinary  
Hospital

The stomach is post-prandial and presents mild aerophagia.

A circular mineral opacity is superimposed onto the dorsal mid abdomen and gastrointestinal tract.

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Tara Snow

- Moderate cervical tracheal collapse.
- Chronic lower airway pattern.
- No evidence of cardiomegaly or cardiogenic pulmonary edema.
- Hepatomegaly.
- Aerophagia.
- Mineral opacity - likely contained within the gastrointestinal tract.

**INVOICE**

47785

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

10-12-21

The radiographic study reveals collapsing cervical trachea which may correlate with the patient's clinical signs; however, there also is a chronic lower airway pattern suggesting presence of chronic lower airway disease such as eosinophilic/irritant bronchopneumopathy. Infectious bronchitis such as viral, bacterial, and less likely parasitic, or protozoal cannot be ruled out as a differential diagnosis. Consider empirical management for bronchitis versus further definition of



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potential upper and lower airway changes by means of endoscopy with airway sampling.

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Differential diagnosis for the hepatomegaly include metabolic/endocrine hepatopathy. Diffuse neoplastic or inflammatory infiltrates cannot be ruled out entirely. Correlate with the laboratory values and consider ultrasound with eventual parenchymal sampling if indicated.

**SPECIES**

Canine

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**SEX**

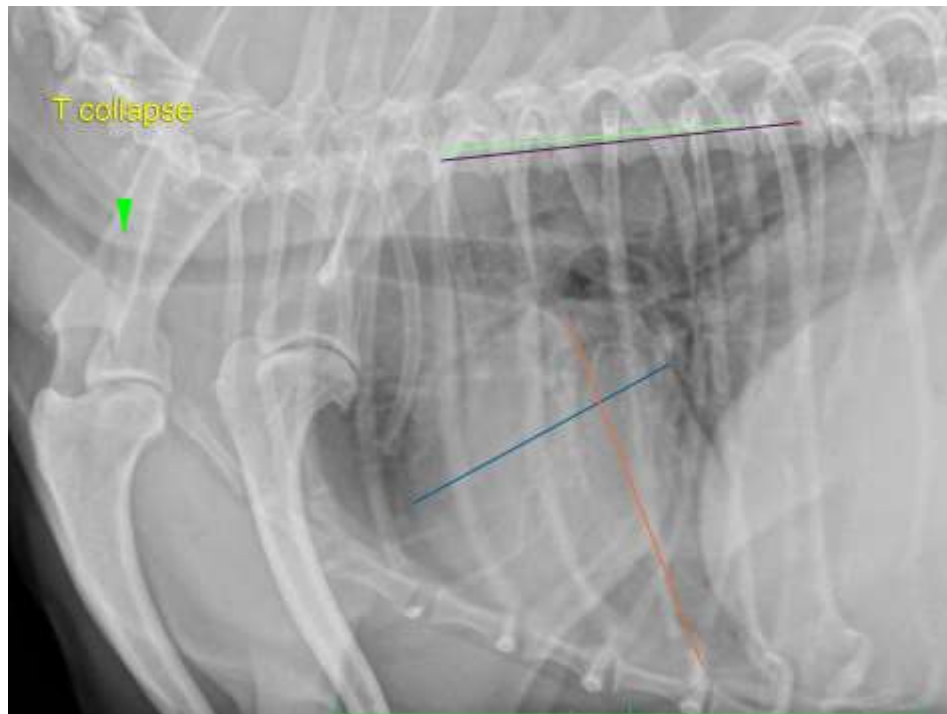
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**REFERRING VET**

Dr. Tara Snow

**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

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