



**PATIENT**

Peanut Yaremchuk

**PRESENTING CLINICAL SIGNS**

acute onset of gagging/coughing/choking. Temp 38.3 no heart murmur, can hear breath sounds on both sides of chest. Dog presented here by owners travelling so we have no prior knowledge of this patient. He is on Galliprant and gabapentin for arthritis. Aerophagia seen, narrow bronchi at hilus on one lateral view. Opacity in caudal lung fields. What is going on in this chest?? Dog still eating and drinking normally (pug!)

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal views totaling 4 images available for review.

**BREED**

Pug

**RADIOGRAPHIC FINDINGS**

Moderate bilateral elbow osteoarthritis is seen.

**SEX**

Male Neutered

Mild mid thoracic lordosis is present due to multifocal mild wedge shaped hemi vertebrae. Multiple intervertebral disc space collapse with spondylosis deformans is seen in the thoracolumbar spine.

**AGE**

13

The degree of pulmonary inflation is poor.

Varying degrees of collapse of the cervical and thoracic trachea are seen on the lateral views. Bronchial collapse can be noted upon expiration as well.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The poorly inflated lung presents a moderate generalized bronchointerstitial lung pattern. Partial atelectasis of the cranial subsegment of the left cranial lung lobe is seen.

No evidence of cardiomegaly is noted. There is no evidence a of vascular pattern.

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Redundancy of the cranial thoracic esophagus with mild aerophagia is noted.

There is moderate gastrointestinal aerophagia.

**REFERRING VET**

Dr Ian Giebelhaus

- Dynamic tracheal and bronchial collapse causing upper airway restriction with poor inflation of the lung.
- Moderate bronchointerstitial pattern.
- Aerophagia.
- No evidence of cardiovascular pathology.
- Congenital vertebral malformation.
- Spondyloses.
- Elbow osteoarthritis.

**INVOICE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

10-13-21

The radiographic findings are compatible with dynamic tracheobronchial collapse. The upper airway stenosis explains the poor inflation of the lung and enhances the appearance of the bronchointerstitial lung pattern. The bronchointerstitial lung pattern may simply be age related; however, chronic irritant or eosinophilic bronchopneumopathy and infectious bronchitis cannot



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be ruled out entirely. It is considered likely that the upper airway stenosis is not limited to the trachea and bronchial tree but may also include the nose, pharynx, and larynx.

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Pug

**SEX**

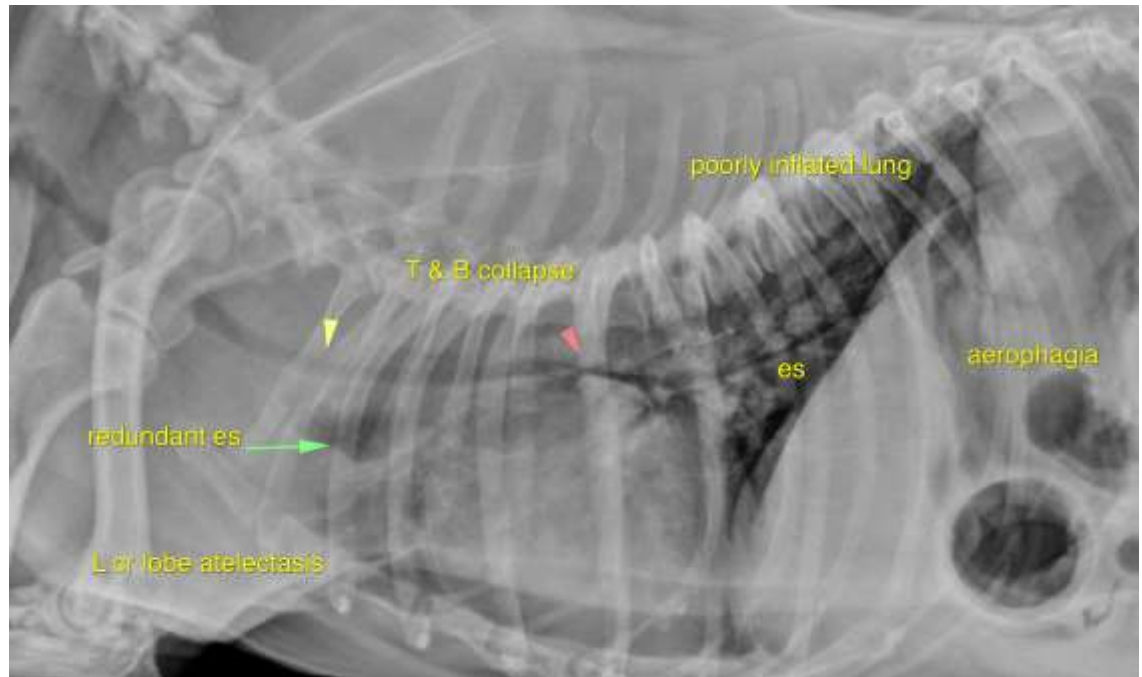
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**REFERRING VET**

Dr Ian Giebelhaus

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.

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