



**PATIENT PRESENTING CLINICAL SIGNS**

Tito Wilkinson

History: Tito Was diagnosed with Collapsed Trachea • Tracheal collapse • Spondylosis • Disc space narrowing, T11/12, the treatment Mom was given did not work, (He hacks a lot Trachea ) they were recommended surgery, or another test (?->was not told which test), Mom was not happy about the treatment, and way of communicating since she was short on money, Mom thinks she was underestimated and treated unfairly . She is coming for a second opinion . CBC/Chem, LDDs 7/2022 and was started on Vetoryl but we don't have copies of labwork. Per owner no improvement after 1 month of Vetoryl so they d/c. Never had followup ACTH stim  
 Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR, per mrs will bite but did fine EENT: N Oral Cavity: mm pm heavy tartar, gingivitis Lymph Nodes: N Skin: 0.3cm sebaceous adenoma like mass left dorsal neck 2cm soft moveable sq mass left lateral chest level of last rib thick haircoat, not thinned out, no alopecia CV/Respiratory: referred upper airway sounds (over trachea) Abd/GI: Not distended Uro/Perineum: N Musculoskeletal: N Neurological: N Fecal: Diagnostic Testing Needed: Chest/neck rads - collapsing trachea, heart looks larger than 2021, +/- mediastinal mass on lateral view cranial thorax

**SPECIES**

Canine

**BREED**

Papillon

**SEX**

NM

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

**AGE**

13 Years, 5 Months

**RADIOGRAPHIC FINDINGS**

Intervertebral disc space collapse and spondylosis deformans are noted within the caudal thoracic spine.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

Course and width of the cervical and thoracic trachea are considered within normal limits. No evidence of significant tracheal flattening is seen.

A round soft tissue opaque structure appears to superimpose onto the cranial ventral mediastinum on the right lateral view. This is less prominent on the left lateral view and cannot be seen on the orthogonal view. No dorsal or lateral deviation of the trachea is noted.

**HOSPITAL NAME**

DPC Veterinary Hospital

The vertebral heart score is 10.8. No specific chamber enlargement of the heart is noted. The pulmonary vasculature presents within normal limits.

**REFERRING VET**

Dr. Feldt

A mild generalized bronchointerstitial lung pattern is noted and considered within age related normal limits.

There appears to be mild generalized hepatomegaly.

The patient is obese.

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**RADIOGRAPHIC DIAGNOSIS**

- Suspect summation artifact creating the impression of a cranioventral mediastinal soft tissue mass.
- No radiographic evidence of dynamic tracheal disease.
- Normal to borderline size of the cardiac silhouette.
- Generalized hepatomegaly.

**DATE**

10-18-22



**PATIENT**

Tito Wilkinson

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study does not reveal evidence of dynamic tracheal disease. The radiographic presentation of the cardiac silhouette is considered within normal limits. The vertebral heart score is borderline however there is no evidence of specific chamber enlargement, a vascular lung pattern, or congestive heart failure. The radiographic presentation of the lung and bronchial tree are considered within normal limits.

**SPECIES**

Canine

I can follow the impression of a cranioventral mediastinal mass on the right lateral view. However, I would expect to see a mass of this size on the left lateral view and orthogonal views as well and to cause either lateral or dorsal deviation of the trachea, which is why summation artifact is my primary suspicion in this patient. However, in case of doubt, a CT could be considered for further definition.

**BREED**

Papillon

**SEX**

NM

Differential diagnosis for the hepatomegaly includes vacuolar degeneration, metabolic, endocrine hepatopathy, and less likely diffuse infiltrative disease. Correlate with the laboratory values.

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**INTERPRETED BY**

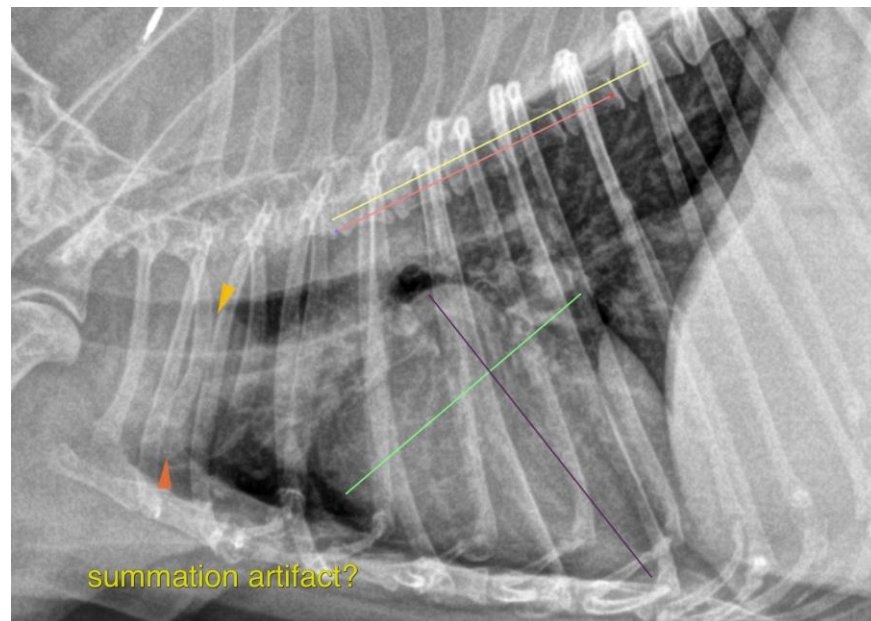
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**DATE**

10-18-22

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