



PATIENT

Bailey Evans

PRESENTING CLINICAL SIGNS

Chronic cough. Horner's syndrome. P went to the ophthalmologist and she recommended senior bloodwork and chest x-rays.

Abnormal PE/Chem/CBC/UA Results: Obese with distended but soft abdomen Lungs sound clear No murmur heard Sometimes more rapid shallow breaths Intermittent stertor but also making odd whining noises Right eye sunken and third eyelid up appx 1/5 over eye

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Dachshund

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

FS

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The vertebral heart score is 10.4. No evidence of cardiogenic pulmonary edema, left atrial enlargement, or vascular pattern is seen.

AGE

13 Years, 8 Months

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Redundancy of the dorsal tracheal ligament and collapse of the cervical trachea are seen on the right and left lateral views. The diameter of the pre-carinal intrathoracic trachea is relatively wide which is a normal finding during (forced) inhalation.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

HOSPITAL NAME

GROVE VETERINARY
CLINIC

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

REFERRING VET

Dr. Luna

RADIOGRAPHIC DIAGNOSIS

- Cervical tracheal collapse.
- No structural evidence of bronchopulmonary pathology.
- Radiographically normal cardiac silhouette.

INVOICE

48013

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding appears to be the presence of a cervical tracheal collapse even though the clinical history suggests differently. The wider pre-carinal intrathoracic tracheal diameter is considered within the limits of normal variation during (forced) inhalation. No radiographic evidence of cardiomegaly or specific chamber enlargement is seen. There is no evidence of congestive heart failure. The findings of the lungs and bronchial tree are considered within age related normal limits.

DATE

10-26-21



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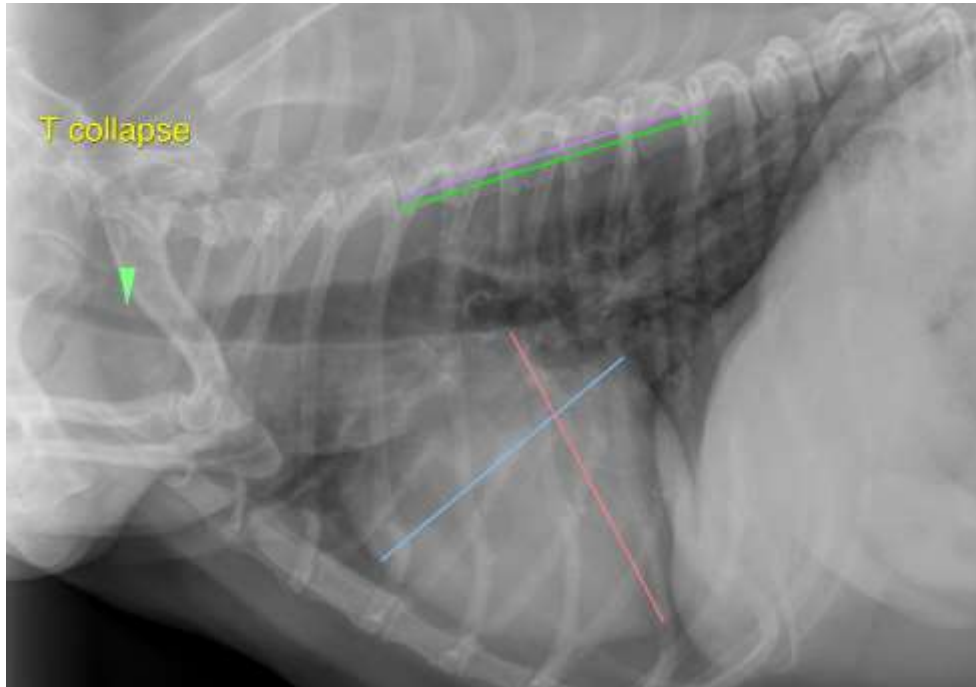
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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