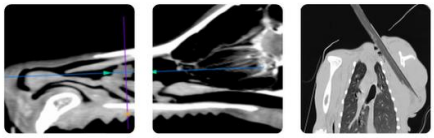

PATIENT

Coco Alfaro

SPECIES

Canine

BREED

Mixed

SEX

NM

AGE

10Y, 7M

WEIGHT

13.0lbs

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

Jennifer

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Courtney

INVOICE

72621

DATE

11-13-25

PRESENTING CLINICAL SIGNS

P is presenting hard breathihng when he sleeps there is a deep collapse when exhaling of the thorax. P was RX an inhaler and O has had stopped that stating that it was making P worse. Hycodan syrup was used 2 weeks ago for coughing. O is concerned that this morning P has a " reversed sneeze" however it was that gaging like P was trying to throw something up but couldn't. There has been decrease of energy over the last couple of months that O has noticed after P eats.
Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Heart auscultates with a grade 2/6, R-sided, systolic murmur noted. Lungs auscult with mild crackles noted in the middle and ventral lung fields. P has mildly paradoxical breathing and is primarily abdominally breathing. SSFP. Abd and paradoxical breathing: sevre bronchitis flare up vs pulmonary edema (cardiogenic vs open) vs pleural effusion vs open. Crackles on lung ausculatation: Pulmonary edema vs pneumonia vs bronchitis flare up vs open. Grade 3/4 PD Dz.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The cardiac size appears within normal limits. The VHS is 9, which is within the reference range.

Poor lung inflation is noted on all 3 images.

Moderate bronchial pattern with extensive peribronchial cuffing is noted. Overall increase in interstitial opacity is present. Far cranial excursion of the diaphragm and sigmoid shaped lower ribs suggest chronic lower airway obstruction.

No definitive static tracheal collapse is observed. Dynamic collapse cannot be completely excluded.

There is nodule like soft tissue structure ventral to the trachea on the left lateral view only, likely a vessel in end on orientation such as the right pulmonary artery crossing over or aorta. Though a pulmonary nodule cannot be completely excluded.

Prominent thoracic mamils are noted.

No pleural effusion is visible.

The mediastinum is of normal width. No deviation of the trachea is seen.

There appears to be a soft tissue nodule in the right axillary region.

RADIOGRAPHIC DIAGNOSIS

- Moderate generalized bronchial lung pattern with extensive peribronchial cuffing and interstitial changes consistent with chronic lower airway disease such as bronchitis or obstructive airway disease.
- Far cranial excursion of the diaphragm and ribcage deformity suggestive of chronic airway obstruction, differential diagnosis congenital / conformational.
- Nodule like structure ventral to trachea likely vascular, pulmonary nodule unlikely but cannot be fully excluded.
- Normal radiographic presentation of cardiac silhouette.
- No radiographic evidence of pleural effusion or pulmonary edema at this time.

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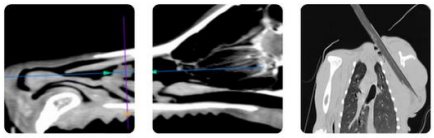

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

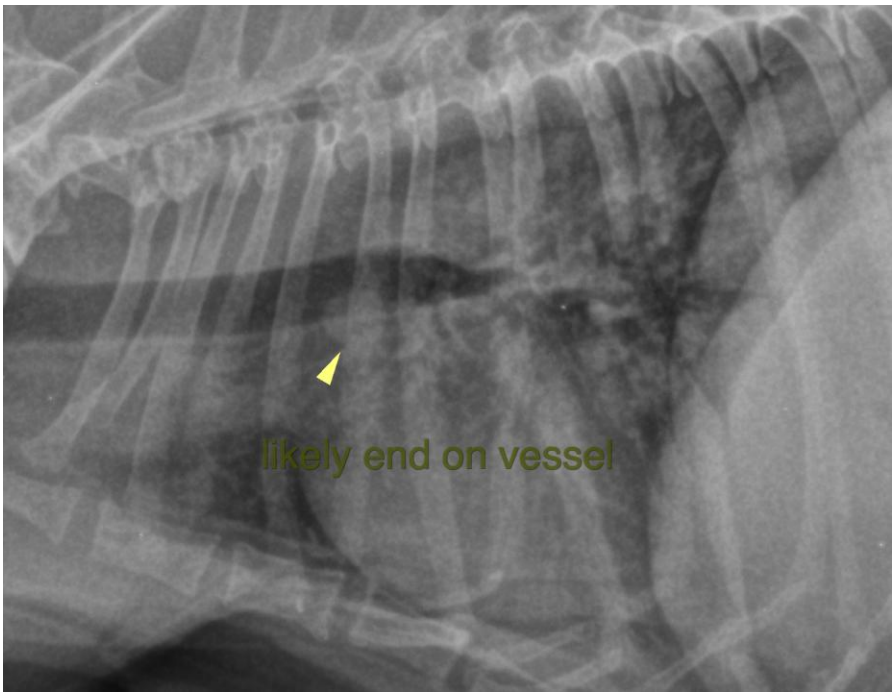
The radiographic findings are consistent with chronic lower airway disease possibly including chronic bronchitis or small airway obstruction. The poor inflation, peribronchial cuffing, and interstitial changes correlate with the patient's history of paradoxical breathing, cough, and exercise intolerance.

Dynamic tracheal collapse cannot be ruled out radiographically and may require fluoroscopy or tracheoscopy if clinical signs persist.

The nodule like structure observed is likely vascular with end on orientation. No definitive mass is identified. CT would be required in order to further verify this finding.

Consider thoracic CT and/or bronchoscopy with bronchoalveolar lavage for further definition.

The radiographic examination is negative for structural cardiac remodeling and congestive cardiac failure at this time.



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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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