



PATIENT

Pinky Betts

PRESENTING CLINICAL SIGNS

Acute onset coughing/hacking first noted May 2021. Dog was put on Clavaseptin . Responded initially however clinical signs recurred. Was put on Baytril, responded again but yesterday started coughing again. KC up to date, no hx of kenneling/doggy day care etc. Goose honk cough. No fever. X rays done in the past vet clinics mostly inconclusive.
 Abnormal PE/Chem/CBC/UA Results: Goose honk cough. Loud referred upper resp sounds. Stenotic nares.

SPECIES

Canine

BREED

Pug

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

Female Spayed

Only jpg images were submitted. The transformation from DICOM to jpg only allows for limited manipulation of the image. For the best possible results, we suggest submitting DICOM images in the future. Please do not hesitate to contact us should you need any help with the submission process.

AGE

14

Severe elbow osteoarthritis is noted.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

A nodular mineral opacity is superimposed onto the soft tissues dorsal of the caudocervical spine.
 The degree of pulmonary inflation is fair. A mild overall increase in interstitial opacity is seen.

Moderate to severe collapse of the thoracic trachea is noted.

No obvious cardiomegaly and no evidence of congestive heart failure is seen.

HOSPITAL NAME

River Valley
 Veterinary Wellness
 Clinic

There appears to be no mediastinal widening and no evidence of mediastinal lymphadenomegaly is noted.

There is a soft tissue opaque extra pleural sign midway of the diaphragmatic outline level with the esophageal hiatus in both orthogonal views.

Moderate gastric aerophagia is noted.

REFERRING VET

Dr. Devashree Pala

There is moderate generalized hepatomegaly with slightly rounded lobar margins.

INVOICE

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RADIOGRAPHIC DIAGNOSIS

- Thoracic tracheal collapse.
- Suspect sliding hiatal hernia.
- Hepatomegaly.
- Aerophagia.
- Elbow osteoarthritis.
- Mineralizing subcutaneous soft tissue nodule.

DATE

11-2-21

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Dr. med. Vet. DipECVDI**HOSPITAL NAME**River Valley
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding appears to be the moderate to severe collapse of the thoracic trachea. Concurrent upper airway stenosis should be considered as indicated by the clinical history of the patient which explains the poor degree of pulmonary inflation resulting in mild diffuse increase in pulmonary opacity. Chronic thoracic under pressure with developmental sliding hiatal hernia should be considered a potential and may result in gastroesophageal reflux, regurgitation, and other.

Differential diagnosis for the hepatomegaly includes metabolic/endocrine hepatopathy. A diffuse neoplastic or inflammatory infiltrate cannot be ruled out. Correlate with the laboratory values. Ultrasound with eventual sampling could be considered for further definition if indicated.

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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