



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Dixie Radomskij Hospital for respiratory distress. had Furosemide sc at 12:40am 1mg/kg bloods in practice normal IV catheter and placed in Oxygen cage. Active and barking in the kennels. Tfast - left side ventral lung with signs of consolidated and air bronchogram spotted near the heart (see files in scan). Irregular border and hepatization of the lung sign. Normal glid sign and some B lines on right side +++. Heart contracting normal no pericardial effusion (Unable to see apex or any mass in the base). Afast - no free fluid. no mass. Spleen normal size and capsule but increase hyperechogenicity compared to the liver (see file in scan), normal Doppler colour response. kidneys normal Doppler no mass normal echogenicity and size. Alfax IV for chest x-ray 4 views. x-ray findings - (RI in expiration). loss of borders of the cardiac silhouette. right side in VD abd RL middle lobe consolidated with lobal sign and mild effusion. Left and dorsal side bronchial pattern in VD and RL. possible shifted heart caudal and right on VD. Consider - pneumonia, thromboembolism or lung tumour. Also atelectasia.

SPECIES Canine
BREED Chihuahua

SEX Abnormal PE/Chem/CBC/UA Results: pink mm less 2 sec no HM. but tq. lungs difficult to auscultate as upper breathing noise - 80 RR both nostrils with transparent discharge more liquid abd normal not painful. no swollen normal temperature Lnn nad EEN nad Skin tent nad

FS

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

AGE Plain and post contrast studies are available for review. Studies are right/left flipped.

7yr

COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY Moderate tracheal and left main stem bronchial collapse are noted consistent with degenerative bronchomalacia. Generalized bronchial wall thickening is present. There also is a mild amount of tracheal fluid present.

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

Moderate cranioventral alveolar infiltrates are noted bilaterally without evidence of pulmonary volume loss, more pronounced on the left side and mainly accentuating the cranial and caudal subsegment of the left cranial lung lobe.

HOSPITAL NAME

No discrete pulmonary nodules or masses are identified.

Animal Trust Bolton

Mild dependent atelectasis is noted, maybe related to recumbency.

REFERRING VET

Ana Valega

There is no evidence of mediastinal lymphadenomegaly or hilar masses.

The heart appears normal in size and morphology.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

23028

- Degenerative tracheal bronchomalacia with tracheal and left main stem bronchial collapse.
- Bilateral cranioventral alveolar pulmonary infiltrate, more marked on the left.

DATE

11/22/2025

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms tracheal and bronchial collapse, explaining airway compromise. The cranioventral alveolar infiltrates are most consistent with pneumonia. They are moderate in degree



PATIENT

Dixie Radomskij

and present left sided predominance. No evidence of neoplastic pulmonary disease or thoracic lymphadenopathy is seen.

SPECIES

Canine

Tracheal bronchomalacia may predispose to aspiration pneumonia or superinfection /infectious pneumonia. Consider bronchoscopy with bronchoalveolar lavage for further definition of the tracheal bronchial and pulmonary changes. Medical management for pneumonia based on C/S if feasible should be considered as well as supportive care for tracheal bronchomalacia and dynamic tracheal and bronchial disease.

BREED

Chihuahua

SEX

FS

AGE

7yr

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HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

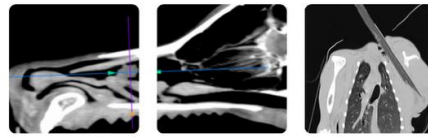
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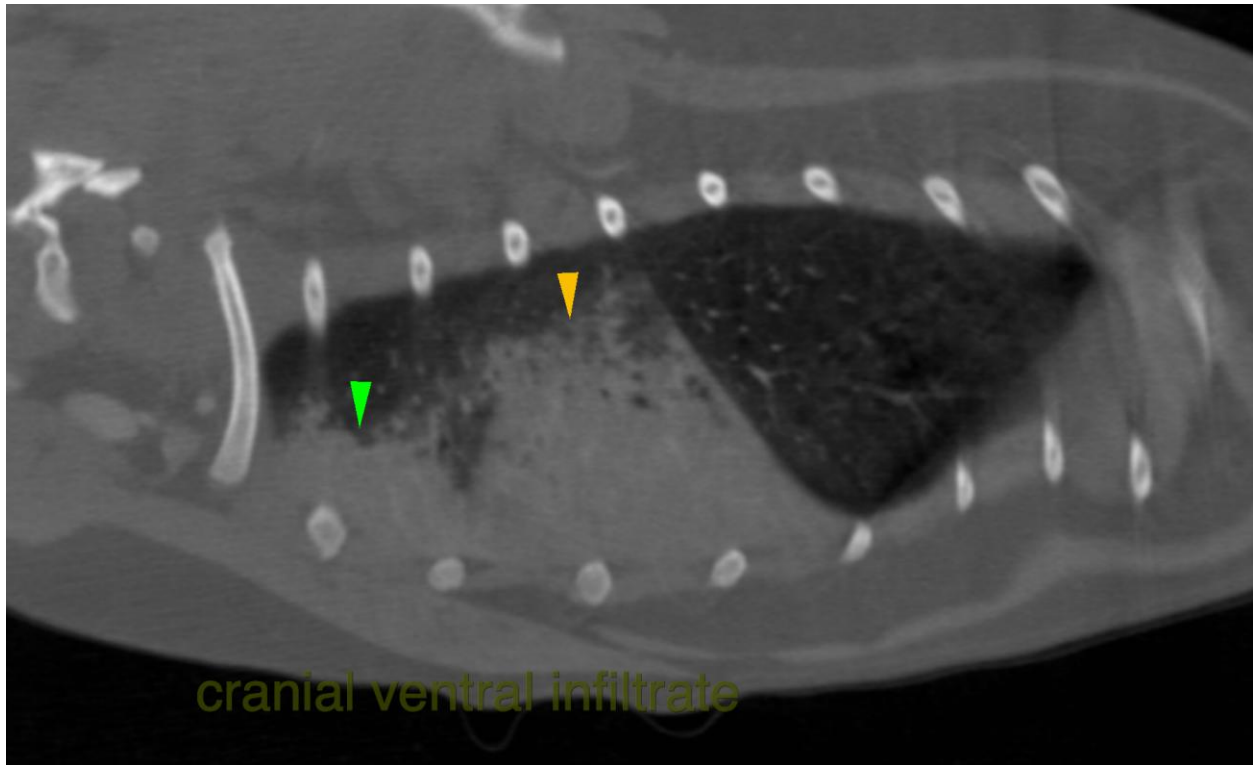
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Chihuahua

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