



## PATIENT

Gandolf Dultz

## SPECIES

Feline

## BREED

DSH

## SEX

Male

## AGE

10

## WEIGHT

5.9kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

EH

## HOSPITAL NAME

Crown Veterinary  
Specialists and Associates

## REFERRING VET

G. Panarello

## INVOICE

72966

## DATE

12-11-25

## PRESENTING CLINICAL SIGNS

Gandolf is a 10 year MC DSH with a 2 week history of a heart murmur and respiratory signs consisting of cough followed by "rattling" and increased effort breathing. Cough - lower airway disease Tracheal narrowing - r/o tracheal collapse vs compression from extraluminal mass Mild tricuspid regurgitation Murmur - physiologic R parasternal holosystolic grade 1-2/6 flow murmur

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Dorsal narrowing of the cervical trachea over a distance of approximately 5 cm is seen extending to the thoracic inlet. Redundancy of the tracheal ligament is noted in the thoracic trachea. No discrete mural or intraluminal mass or extraluminal compression is identified. Assessment is partially limited by presence of the endotracheal tube and cuff of the tube.

Partial atelectasis of the right middle lung lobe is seen. There is no evidence of pulmonary nodules, masses, or consolidations. Mild bronchial wall thickening may reflect chronic lower airway disease.

Normal heart size and morphology is noted. No evidence of chamber enlargement and no signs of pulmonary hypertension are noted on CT.

There is no evidence of abnormal mediastinal masses. The mediastinal lymph nodes present within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cervical tracheal narrowing with thoracic tracheal ligament redundancy most consistent with tracheal collapse – partial evaluation due to endotracheal tube.
- Partial right middle lung lobe atelectasis – likely secondary to hypoventilation under general anesthesia, less likely due to airway compromise in conjunction with chronic lower airway disease.
- No evidence of neoplasia, mediastinal mass, or significant pulmonary pathology.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The observed tracheal narrowing corresponds to the clinical coughing and increased respiratory effort. Tracheal collapse is less common in cats than in dogs; however, the collapse and ligamentous redundancy may contribute to dynamic airway obstruction.

Partial atelectasis of the right middle lung lobe is likely secondary and may resolve after general anesthesia or with treatment of the potential underlying lower airway disease.

Evidence of extraluminal compression or intraluminal/mural mass was not seen but the CT study is limited by the endotracheal tube.

Tracheoscopy/tracheobronchoscopy is recommended for direct visualization of the tracheal lumen and assessment of dynamic collapse and evaluation of the airway mucosa. Airway sampling can be performed as well.



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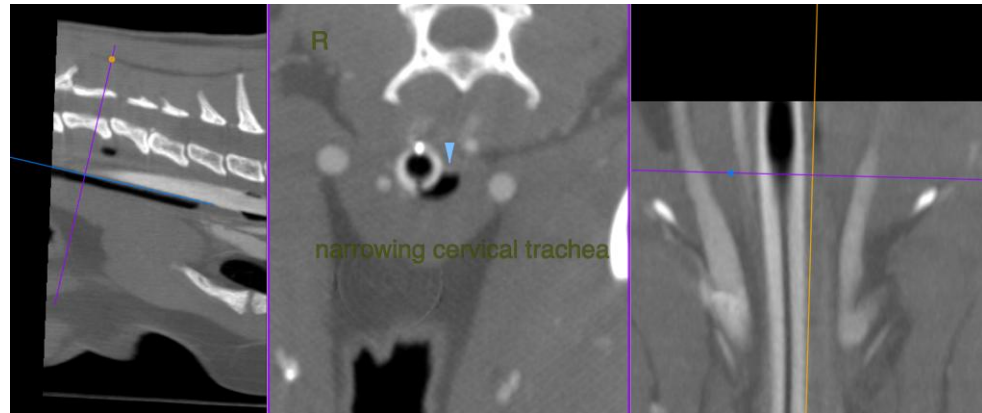
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**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.  
[info@sonopath.com](mailto:info@sonopath.com)