



**PATIENT**

Kilo Phung

**PRESENTING CLINICAL SIGNS**

Rechecking: COUGH History: P IS A 10Y11M OLD M/N POMERANIAN PRESENTING TODAY FOR RECHECK COUGH. O STATES P IS FINE WHEN GIVING HYCODAN. O NEEDS REFILL. NO OTHER PROBLEMS/CONCERNS.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Exam Notes: BAR; BCS 7/9; coughs on tracheal palpation, lungs sound clear, III/VI murmur

**BREED**

Pomeranian

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

The patient is obese.

**SEX**

NM

Moderate bilateral elbow osteoarthritis is seen.

**AGE**

10 Years, 11 Months

Mild T13/L1 spondylosis is present.

A fat opaque swelling is noted ventral of the sternum on the left lateral view.

The thoracic volume appears to be small.

The degree of pulmonary inflation is fair. A moderate generalized bronchial lung pattern with mild peribronchial cuffing is seen. There is occasional mild peripheral cylindrical bronchiectasis.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The cardiac silhouette presents within normal limits. The vertebral heart score is 10. No evidence of a vascular lung pattern is noted.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

There appears to be marked redundancy of the dorsal tracheal ligament throughout the cervical tracheal.

**RADIOGRAPHIC DIAGNOSIS**

- Redundant dorsal tracheal membrane.
- Chronic lower airway pattern with early bronchiectasis.

**REFERRING VET**

Dr. White

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings suggest potential for dynamic tracheal disease. Bronchomalacia with dynamic tracheal collapse is the most likely underlying cause of the pertinent radiographic changes. Consider concurrent presence of chronic lower airway disease such as irritant/eosinophilic bronchopneumopathy. Infectious bronchitis such as viral, bacterial, or parasitic cannot be ruled out entirely as a differential diagnosis. Further definition by means of upper and lower airway endoscopy with airway sampling could be considered as indicated per the clinical signs.

**INVOICE**

48998

**DATE**

12-13-21



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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**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com