

**PATIENT**

Brandy Wilkins

PRESENTING CLINICAL SIGNS

Heart murmur 4-5 out of 6. Occasional cough, especially when excited. No exercise intolerance per owner. On auscultation, lungs clear. Pet is currently on thyroid medication.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Yorkshire Terrier Mix

RADIOGRAPHIC FINDINGS

Mild left sided cardiomegaly with loss of the caudal cardiac waist and a vertebral heart score of 10.7 is seen. There is mild tracheal elevation; however, no evidence of a vascular pattern and no evidence of cardiogenic pulmonary edema is seen.

SEX

FS

The radiographic presentation of the lung and bronchial tree is within normal limits.

Redundancy of the dorsal tracheal ligament and mild tracheal collapse are seen accentuating the caudocervical trachea.

AGE

15 Years

No evidence of mediastinal lymphadenomegaly is noted.

Mineralizations are seen level with the renal diverticuli of both kidneys.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Mild left sided cardiomegaly without radiographic evidence of congestive heart failure.
- Redundancy of the dorsal tracheal ligament/mild tracheal collapse.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

Paws and Claws
Urgent Care

The radiographic study of the thorax reveals mild left sided cardiomegaly. No evidence of cardiogenic pulmonary edema is seen. It is considered unlikely that the relatively mild cardiomegaly is responsible for the coughing.

The redundancy of the dorsal tracheal ligament and mild tracheal collapse indicate potential for dynamic tracheal disease secondary to chondromalacia.

REFERRING VET

Dr. Juarez

INVOICE

48842

DATE

12-3-21



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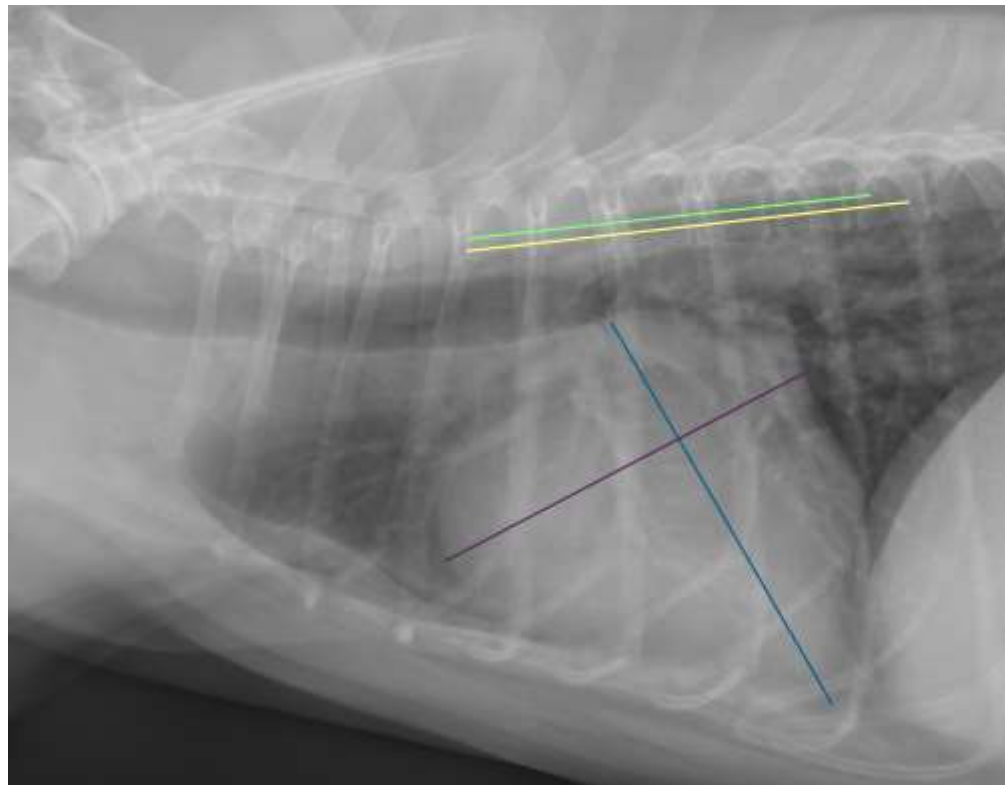
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, 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