



PATIENT

Hershey Berkovity

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

10

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Valley Veterinary
Services

REFERRING VET

Korin D'Ascenzo

INVOICE

56804

DATE

2-16-23

PRESENTING CLINICAL SIGNS

Dog has a history of a chronic cough only when he was excited but had been going on for years per O. In January her started having more difficulty breathing and increased respiratory noises at that time but no crackles. Treated with Convenia, started low dose of pred for bronchitis and tracheal collapse. Today come in as coughing was getting worse. Would cough when drinking water, and over all having a hard time breathing. Auscultated a whistle sound on the left cranial thorax, crackles on the right. Treated with convenia again today, continuing dose of Pred 1.25 mg daily at this point.

RADIOGRAPHIC STUDY OF THE THORAX

2 studies dated 1-19-23 and 2-16-23, right/left lateral and ventrodorsal views available for review respectively.

RADIOGRAPHIC FINDINGS

The degree of pulmonary inflation is moderate.

The bronchopulmonary structures appear to be within normal limits.

The cardiac silhouette presents within normal limits.

Varying degrees of cervical and thoracic tracheal collapse are seen on the different lateral views. No concurrent bronchial collapse is seen. The cervical tracheal collapse is accentuated on the inspiratory views and the thoracic tracheal collapse on the expiratory views.

There appears to be an abundance of mediastinal fat. No cranial mediastinal mass effect is seen.

Moderate generalized enlargement of the liver is noted.

The patient is obese.

RADIOGRAPHIC DIAGNOSIS

- Dynamic tracheal disease.
- Cranial mediastinal widening due to fat deposits.
- Hepatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are compatible with dynamic tracheal disease. The tracheal collapse affects both the cervical as well as the thoracic segments of the trachea with varying degrees during the respiratory cycle. No concurrent bronchial collapse is noted.

There is no evidence of bronchopulmonary or cardiovascular disease.

Differential diagnosis for the hepatomegaly includes vacuolar, metabolic, endocrine hepatopathy, and less likely hepatitis or infiltrative disease to correlate with the laboratory values.



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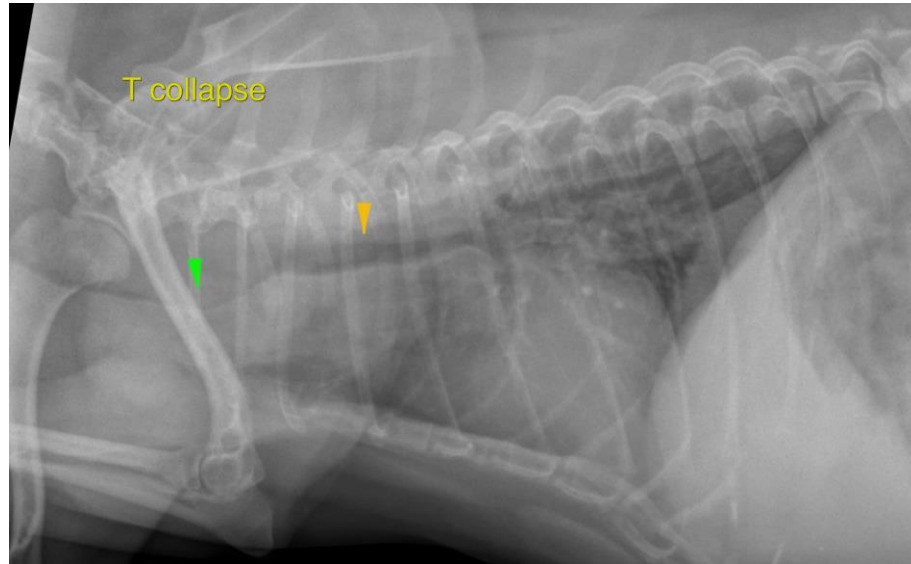
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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