



PATIENT

Louie Cole

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

11

WEIGHT

8.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Arch Gordon

HOSPITAL NAME

Coral Ridge Animal
Hospital

REFERRING VET

Arch Gordon

INVOICE

73845

DATE

2-18-26

PRESENTING CLINICAL SIGNS

- Long term tracheal cough note in records since 2024 and progressing
- Recently more reverse sneezing and has episodic panting lying on side
- Tamaril p did not improve the sneezing \
- Also on Librela and meloxidyl for rear limb arthritis
- NO heart murmur ausculted
- NO fluids seen on abdominal pocus
- Radiographs - cardiomegaly and LS spondylosis , narrowed cervical trachea

RADIOGRAPHIC STUDY OF THE THORAX

Right lateral and ventrodorsal views totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

Mild generalized cardiomegaly with VHS of 11 is noted. There is no evidence of specific chamber enlargement seen radiographically and no radiographic evidence of congestive cardiac failure is noted.

A mild generalized bronchial pattern is noted. No focal pulmonary masses, consolidations, or nodules are identified.

Mild narrowing of the cervical trachea is seen with dorsoventral flattening. No evidence of intrathoracic bronchial collapse is present on the available images.

The mediastinum presents within normal limits. The pleural space is within normal limits.

Mild generalized hepatomegaly is noted.

Note presence of narrowing of the intervertebral disc spaces C4/5 and C5/6 with mild cervical spondylosis deformans.

RADIOGRAPHIC DIAGNOSIS

- Mild cervical tracheal collapse likely contributing to the cough and reverse sneezing.
- Mild chronic bronchial disease: age related or inflammatory airway disease.
- Mild cardiomegaly without radiographic evidence of congestive cardiac failure.
- Mild hepatomegaly: incidental vs metabolic, endocrine, degenerative. Clinical correlation advised.
- Concurrent cervical degenerative disc disease and spondylosis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs are most consistent with chronic airway disease with dynamic cervical tracheal collapse rather than a primary cardiac cause. Despite mild cardiac enlargement, there is no radiographic evidence of active cardiac decompensation supporting a predominantly respiratory etiology for the cough.

The bronchial pattern suggests low grade chronic inflammation or age related changes. Chronic inflammation may coexist with tracheal collapse, especially in smaller breed dogs.

Consider medical management of tracheal collapse and chronic airway disease with antitussive therapy as needed. Inhaled corticosteroids may be considered or bronchodilators if clinically indicated.



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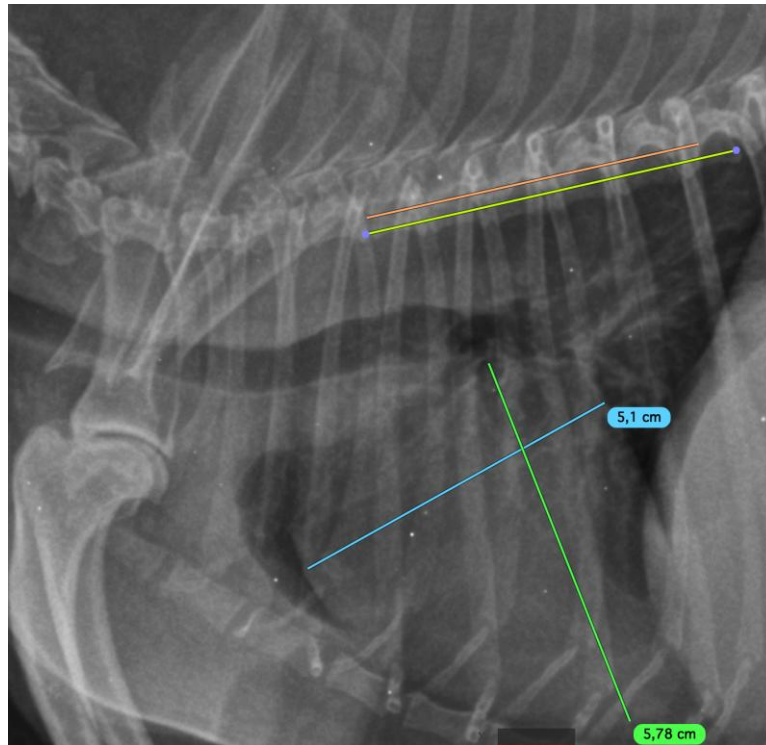
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Weight optimization and harness use to avoid neck pressure can be considered as well. Further definition of the airway dynamics would require either endoscopy or fluoroscopy which can be considered if clinical signs worsen.



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.

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