



**PATIENT PRESENTING CLINICAL SIGNS**

Remy MELANDOVICH

Date: 1/29/2022 Reason for Visit: CHECK MOUTH History: P IS A 13Y6M OLD INTACT MALE MALTIPOO PRESENTING TODAY FOR CHECK MOUTH. O STATES SEVERE HALITOSIS O CONCERNED ABOUT ANESTHESIA SINCE UNSURE OF CUSHING STATUS HAS BEEN UNABLE TO DO LDDS. O STATES P WHEEZING/CHOKING WHICH IS UNUSUAL P DOES HAVE COLLAPSING TRACHEA. O DID NOT GIVE TRAZADONE THIS AM. O THINKS P MORE ANXIOUS SINCE O IS PREGNANT. O SWITCHED TO R.C. HP P DOING WELL ON FOOD BUT O NAUSEATED BY SMELL OF CANNED FOOD. O RAN OUT OF INTERCEPTOR NEEDS REFILL. 4/2021 Hx Elevated Alk phos (400's), USG 1.040 otherwise normal, ACTH WNL. Neurologist rec LDDS to completely r/o cushings since is PU/PD Intermittent weekly tremors....seen by SEVN, unk cause C/S/V/D: WHEEZE/CHOKING EPISODE LAST NIGHT

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Male Intact

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR, head shy EENT: Nucl scl ou Oral Cavity: very heavy tartar, mod-severe gingivitis, hard to look in mouth Lymph Nodes: N Skin: Not thinned out. Mild pigmentation ventral belly CV/Respiratory: N Abd/GI: N, not distended Uro/Perineum: small amt yellow prepucial discharge. Left testicle prominent epididymis - per mrs always been that way Musculoskeletal: N Neurological: N

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**AGE**

13 Years, 6 Months

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

**HOSPITAL NAME**

DPC Veterinary Hospital

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**REFERRING VET**

Dr. Feldt

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

**INVOICE**

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The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**RADIOGRAPHIC DIAGNOSIS**

**DATE**

2-4-22

- Radiographically normal age related thorax.



**PATIENT**

Remy  
MELANDOVICH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study did not reveal evidence of a collapsing trachea. Radiographic presentation of the lung and bronchial tree are considered within age related normal limits. Note that radiographic signs of early airway or pulmonary inflammatory/infection may lag behind the clinical signs. However, at this time, no structural changes of the pulmonary parenchyma or bronchial tree were identified.

**SPECIES**

Canine

The radiographic presentation of the cardiovascular system was within normal limits.

Dynamic tracheal disease cannot be ruled out entirely.

**BREED**

Maltipoo

Upper airway pathology including laryngeal malfunction or inflammation appear to be potential considerations as well.

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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.**

**INVOICE**

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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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**DATE**

2-4-22