



## PATIENT

Moti Molina

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed Female

## AGE

16Y

## WEIGHT

6.7lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melanie Mendez

## HOSPITAL NAME

Paseos Veterinary  
Center

## REFERRING VET

Dr. Karina Miranda

## INVOICE

74044

## DATE

3-4-26

## PRESENTING CLINICAL SIGNS

- P presented for persistent cough despite doxycycline and nebulization with saline. P has historical bacterial pneumonia that initially responded to doxycycline, but 1 week after d/c came back. I restarted doxycycline, but 1 week after owner is reporting persistent coughing, worse overnight. Suspected fibrosis. Sent on tussionex continue doxy and nebulization, but debating if p should also get teofiline or any other tx, since I am highly suspecting chronic sequela due to sporadic respiratory disease/infections since 2019.

Abnormal PE/Chem/CBC/UA Results: stable CKD patient

## RADIOGRAPHIC STUDY OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

The cardiac silhouette is within normal limits in size and shape with VHS of 8.6, which is normal. Pulmonary vasculature is within normal limits.

The mediastinum and trachea appear normal in position and diameter.

Within the lungs there is a generalized bronchial pattern characterized by bronchial wall thickening and increased bronchial visibility. In multiple regions the bronchi appear mildly dilated with cylindrical morphology compatible with bronchiectasis. Additionally, there are mild multifocal peribronchial interstitial infiltrates.

No pleural effusion or pneumothorax is observed.

## RADIOGRAPHIC DIAGNOSIS

- Chronic diffuse bronchial disease with multifocal cylindrical bronchiectasis and mild peribronchial infiltrates.
- No evidence of cardiomegaly or tracheal collapse.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The overall findings are most consistent with chronic inflammatory airway disease with secondary bronchiectasis likely representing chronic sequelae of recurrent or previous pulmonary infection. Bronchiectasis represents permanent dilation of bronchi resulting from chronic inflammation and structural damage to the bronchial walls which may predispose to persistent cough and recurrent bacterial colonization.

The peribronchial interstitial pulmonary changes likely represent chronic inflammatory remodeling or residual fibrosis.

No radiographic evidence of cardiac disease is seen.

Consider further definition by means of bronchoscopy with bronchoalveolar lavage as well as airway disease management using bronchodilators, nebulization, cough suppressants, and anti-inflammatory therapy.



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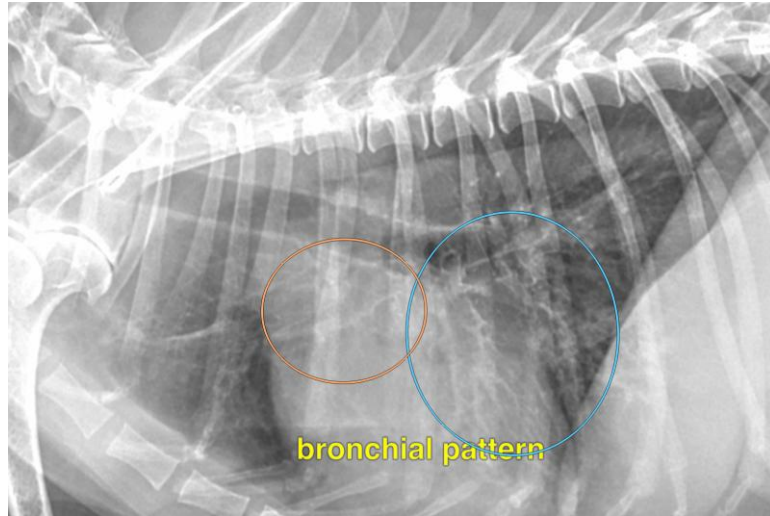
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka)**, DVM, Dr. med. vet., DipECVDI

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