


PATIENT PRESENTING CLINICAL SIGNS

Toodles Haug P presented for worsened hack/cough. P has history of collapsing trachea and suspected chronic bronchitis. On exam, marked stertor is present. Anesthetized oral exam- moderate dental disease, no marked abnormalities with larynx at intubation, soft palate is very long. Endoscope used to scan esophagus and retroflex to assess caudal sinus cavity, unremarkable other than very long soft palate (caudal edge is subjectively thickened but no masses or ulcerations present). Ventral neck palpates diffusely thickened, no discreet masses. FNA of ventral neck thickening shows fat. Suspect that signs are due to elongated soft palate, collapsing trachea, and now suspect pneumonia. Hoping for help interpreting ST expansion on ventral neck.

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: PE 4/25/23: marked stertor, diffuse ST thickening of ventral neck, elongated soft palate, moderately overweight, normothermic in-house cytology of ET tube mucous: predominantly neutrophils, some monocytes, rare neutrophil with intracellular rods CBC 4/24/23: mild nonregenerative anemia, WBC and platelet counts WNL chem 3/31: mild inc ALT (133, 18-121) and ALP (186, 5-160). Renal values, electrolytes, BG, protein levels, thyroid WNL u/a 3/31: USG 1.024, proteinuric (UPC 1.8) 4dx 3/31: neg x 4

RADIOGRAPHIC STUDY OF THE THORAX & NECK
AGE

Right lateral view of the neck, right/left lateral and ventrodorsal views of the thorax, totaling 4 images.

20.5
RADIOGRAPHIC FINDINGS

No significant soft tissue swelling or soft tissue mass can be identified in the ventral cervical soft tissue.

INTERPRETED BY

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

The hyoid bones, larynx, and tracheal rings present within normal limits. Varying degrees of caudal cervical and cranial thorax tracheal collapse ranging from mild to complete are seen on the available images.

The degree of pulmonary inflation is low, which is likely a function of the upper airway obstruction. A mixed lung pattern with bronchial and cranioventral alveolar component is seen.

HOSPITAL NAME

Northshore VH

Slight rounding of the right ventricle of the heart is noted.

Moderate generalized enlargement of the liver is noted with rounded lobar margins.

REFERRING VET

Dr. Karla Schultz

RADIOGRAPHIC DIAGNOSIS

- Upper airway restriction secondary to dynamic tracheal disease
- No evidence of cervical soft tissue mass
- Mixed pulmonary infiltrate with bronchial and cranioventral alveolar component
- Hepatomegaly

INVOICE

46933

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS
DATE

4/25/23

The radiographic study reveals dynamic tracheal disease with nearly complete collapse of the caudal cervical and cranial thoracic trachea depending on the phase of the respiratory cycle, which is associated with poor inflation of the lung. A generalized bronchial lung pattern is noted, which suggests presence of chronic lower airway disease, such as allergic/eosinophilic



PATIENT bronchopneumopathy or infectious bronchitis. Cranioventral alveolar infiltrate suggests potential for acute pneumonia/bronchopneumonia, which may be bacterial, viral, or mixed in origin. Correlation with endoscopy and results of the bronchoalveolar lavage is recommended.

Toodles Haug

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BREED

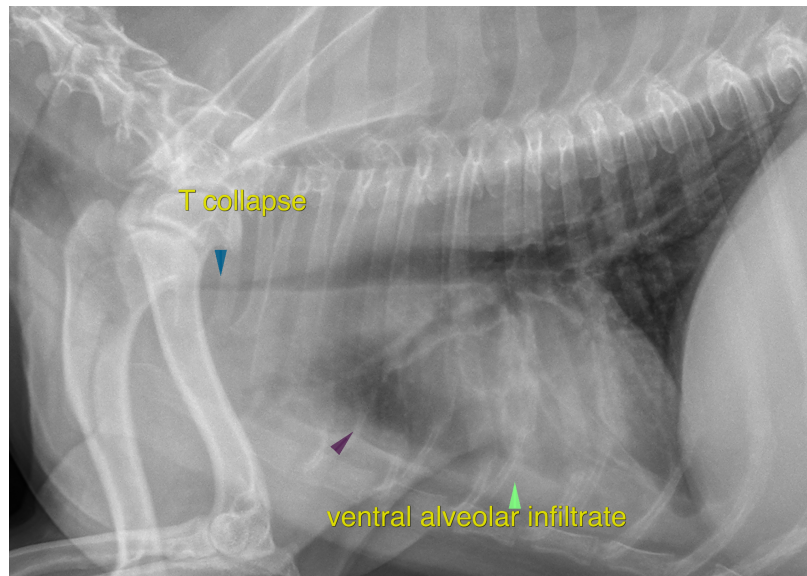
Terrier X

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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.

INTERPRETED BY

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

HOSPITAL NAME

Northshore VH

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