



**PATIENT**

Mia Miller

**SPECIES**

Canine

**BREED**

Norwich Terrier

**SEX**

Spayed Female

**AGE**

8 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Northshore  
Veterinary Hospital

**REFERRING VET**

Kimberly Barron

**INVOICE**

58106

**DATE**

5-3-23

**PRESENTING CLINICAL SIGNS**

Patient had a thyroid mass removed. 30 hours after surgery, she started coughing, she has had intermittent episodes since then one to two a day. a few of the episodes have progressed to a high pitched inspiratory wheeze where patient is struggling and gasping to inhale. Her mucous membranes turn blue and she panics. these episodes last less than 30 seconds and she recovers quickly. Her mm color returns to normal, her breathing becomes normal and she is wagging her tail. Yesterday, she urinated and defecated during one of these episodes. She does not lose consciousness.  
Abnormal PE/Chem/CBC/UA Results: all wnl

**RADIOGRAPHIC STUDY OF THE NECK & THORAX**

3 lateral views of the neck and lateral and ventrodorsal views of the thorax totaling 5 images available for review.

**RADIOGRAPHIC FINDINGS**

**Neck**

The hyoid bone, larynx, and cervical trachea present within normal limits.

Mild redundancy of the dorsal tracheal ligament of the cervical trachea is seen.

Spondylosis deformans is seen between C4 and C5.

**Thorax**

A lobar alveolar sign with air bronchograms of the right middle lung lobe is seen. The remainder of the lung presents a mild diffuse increase in interstitial opacity. Age related incidental pulmonary osteomas are seen.

There is no evidence of significant mediastinal widening.

The intrathoracic trachea presents within normal limits.

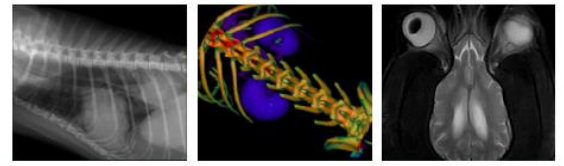
The vertebral heart score is 10.5.

**RADIOGRAPHIC DIAGNOSIS**

- Lobar alveolar sign of the right middle lung lobe with maintained pulmonary volume.
- Redundancy of the dorsal tracheal ligament.
- No radiographic evidence of esophageal dilation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals a lobar alveolar sign of the right middle lung lobe. Lobar pneumonia is a primary differential diagnosis and may be secondary to aspiration or less likely secondary to infection such as bacterial and less likely viral. Lobar hemorrhage and lobar neoplasia are potential but by far less likely differential diagnoses.



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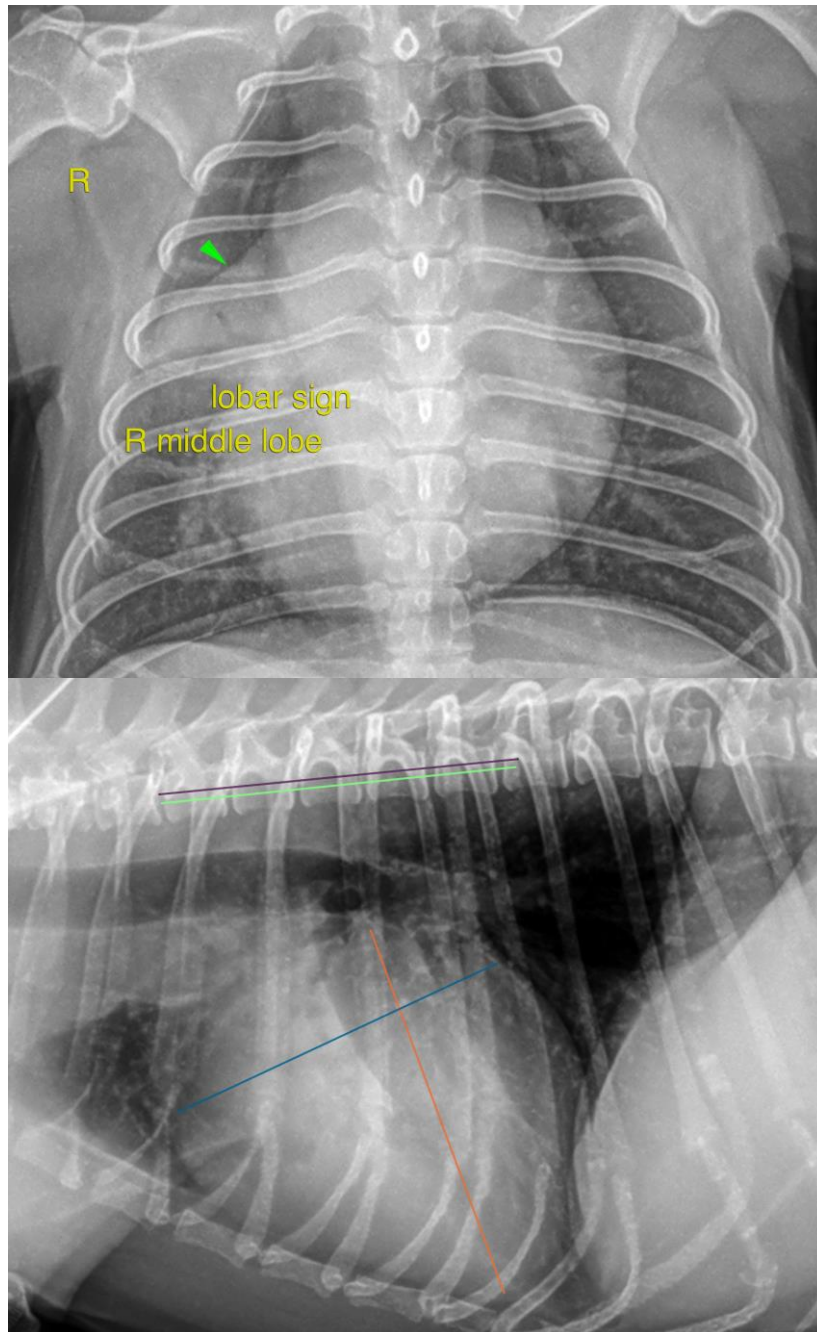
Kimberly Barron

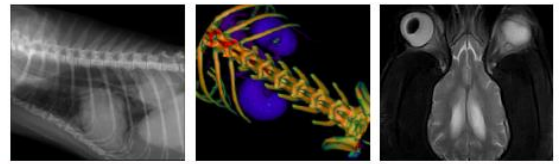
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Canine

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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