



PATIENT

SHARIK REGUERA

PRESENTING CLINICAL SIGNS

WHEN EXCITED OR PULLS ON LEAD PT COUGHS. O EXPLAINS COUGHING SO HARD PT COLLAPSES. RESPONSIVE BUT WEAK INCREASED RESP/EFFORT. PT HAS A HEARTMUMUR. NOT ON MEDS. COUGH STARTED 6 DAYS AGO. NOT ON HWP, NO RECENT HW TEST

Normal heart rate and rhythm, grade II/VI murmur, pulses strong and synchronous, normal bronchovesicular sounds.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

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

BREED

Poodle Mix

RADIOGRAPHIC FINDINGS

Mild collapse of the caudal cervical trachea is seen cranial of the thoracic inlet. There is redundancy of the dorsal tracheal ligament in the remainder of the cervical trachea.

SEX

Male

The degree of pulmonary inflation is moderate. A mild generalized bronchointerstitial lung pattern is seen. No evidence of pulmonary edema is noted.

AGE

13 Years, 9 Months

The cardiac silhouette presents mild enlargement accentuating the left side. Loss of the caudal cardiac waist and left atrial tenting are seen. The vertebral heart score is 11.1. There is no evidence of pulmonary venous dilation.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Visible abdominal structures present within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse.
- Mild left sided cardiomegaly with mild left atrial tenting - no evidence of congestive heart failure.

HOSPITAL NAME

DPC Veterinary Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals cervical tracheal collapse which may well have a dynamic component and appears to correlate with the description clinical signs in the patient's history.

REFERRING VET

Dr. White

The radiographic presentation of the lung is considered within age related normal limits. No evidence of concurrent bronchial collapse was seen.

There is mild left sided cardiomegaly with mild left atrial enlargement. The most likely underlying cause is myxomatous mitral valve degeneration with chronic mitral valve regurgitation. A detailed assessment, however, would require a cardiac echo.

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At this point, there is no evidence of cardiogenic pulmonary edema, and the degree of left atrial enlargement does not appear to lead to significant bronchial splitting which, theoretically, could also contribute to the patient's cough.

DATE

8-26-21



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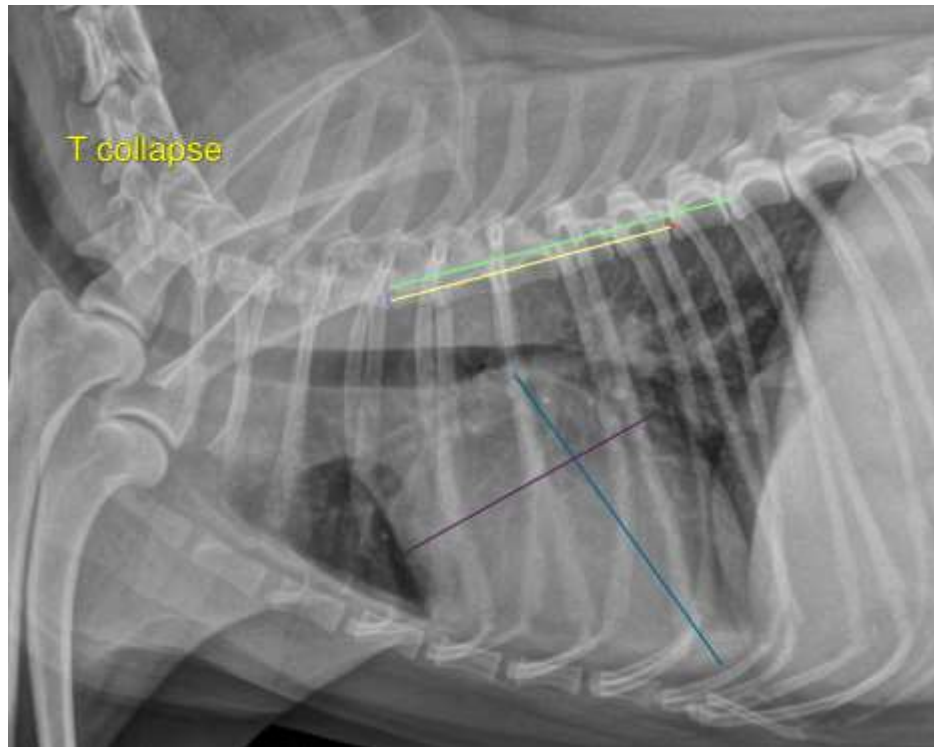
Dr. White

INVOICE

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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.

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