



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Max Munro Reason for Visit: Coughing History: 12 Y 11 month (aprox / o states 14 years) intact male. Has been coughing for about 3 days. No v/d. Some sneezing. Has not been to any dog parks/ grooming or boarding. Not on any prevention. No discharge from eyes/nose.

SPECIES Canine Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; nuclear sclerosis OU; clean no debris AU; No cough on tracheal palpation! Oral Cavity: heavy dental tartar present, loose teeth, gingival recession, gingivitis Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate

BREED

Pug Mix

SEX

Male

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The degree of pulmonary inflation is moderate. A moderate generalized bronchial lung pattern with peribronchial cuffing is noted.

The radiographic presentation of the cardiac silhouette is within normal limits. No evidence of a vascular lung pattern is noted.

Moderate flattening of the caudal cervical trachea is seen as well as a redundant dorsal tracheal membrane. There is no radiographic evidence of bronchial collapse.

No mediastinal widening is noted.

Gastric aerophagia is noted in a postprandial stomach.

RADIOGRAPHIC DIAGNOSIS

- Moderate bronchial lung pattern.
- Mild to moderate cervical tracheal collapse.
- Aerophagia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE 54260 The radiographic findings suggest potential for lower airway disease such as eosinophilic / allergic bronchopneumopathy, irritant, or infectious bronchitis including viral, bacterial, and parasitic.

There also is evidence of potential dynamic tracheal disease. Clinical correlation is required.

DATE

9-23-22

Airway endoscopy with airway sampling could be considered for further definition and weighed or discussed against a clinical trial of treatment for tracheal collapse and bronchitis.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White



PATIENT

Max Munro

SPECIES

Canine

BREED

Pug Mix

SEX

Male

AGE

12 Years, 11 Months

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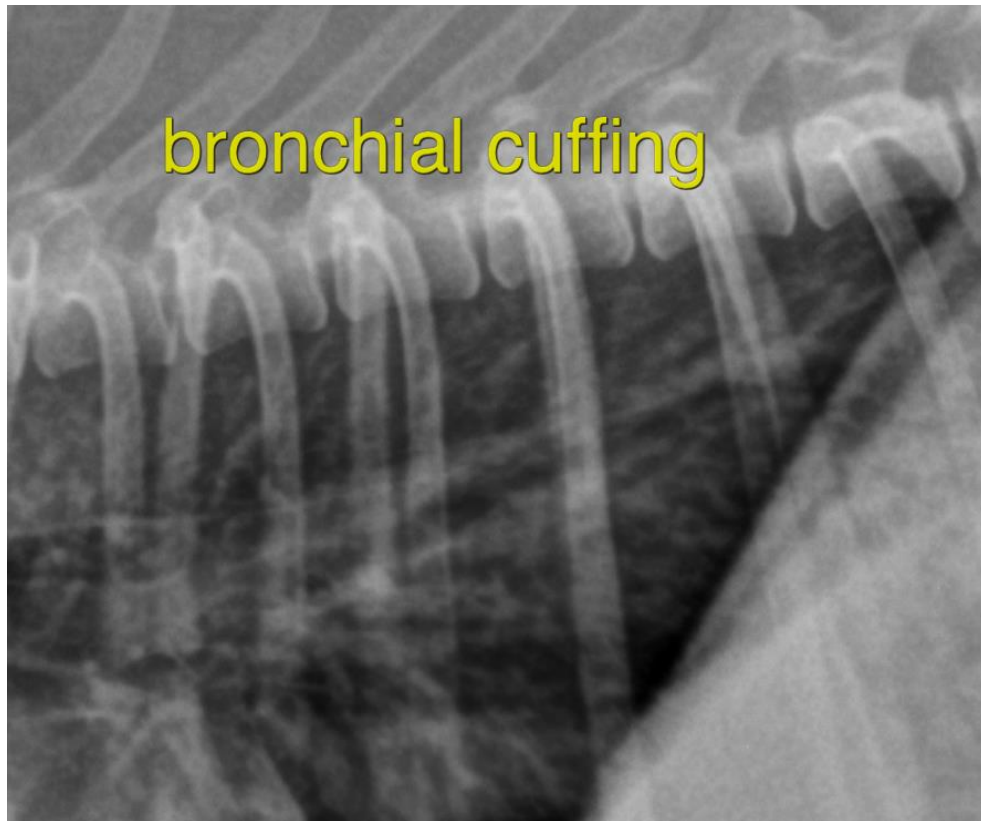
Dr. White

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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.

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