



PATIENT PRESENTING CLINICAL SIGNS

Tiny Bryant History: 1 month ago P was running up and down stairs and possibly hurt herself. Intermittent sway/wobble when walking. PAST 2 WEEKS O HAS NOTICED INTERMITTANT COUGH WHEN AT PLAY, RESOLVES AT REST CV/Respiratory: 3/6 left systolic murmur, lungs clear, femoral pulses average

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

BREED

Chihuahua Mix

Surrounding bony structures are within normal limits. Extra-thoracic soft tissues are homogenous without abnormalities.

The cardiac silhouette appears enlarged with a prominent left atrium. Compression of the left main stem bronchus is suspected.

SEX

Spayed Female

Pulmonary vessels are normal in size and taper appropriately in the periphery. Lung shows regular density, no evidence of focal/nodular lesions.

AGE

10 Years 11 Months

The trachea shows severe and long stretched collapse cranial and caudal to the thoracic inlet. Transverse diameter is reduced to approximately 80 % in the lateral projection. On the vd view there is deviation of the trachea right to the midline recognized.

Mediastinum presents expected soft tissue density. No mediastinal shift is seen. Esophagus is not visible and considered as normal.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

Diaphragm is unremarkable, no signs of pleural effusion.

RADIOGRAPHIC DIAGNOSIS

- Suspected severe and long stretched tracheal collapse
- Suspected collapse/compression of the left main stem bronchus
- Deviation of the thoracic trachea to the right

HOSPITAL NAME

DPC Veterinary H

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Feldt

Radiographs do reflect the reported patient's history. I suspect a long stretched and at least moderate tracheal collapse (may be partially artificial due to torsion of the lateral radiograph). Grade needs to be confirmed with endoscopy. The latter could be used to get BAL for cytology and microbiologic testing. Deviation could be due to cardiomegaly/lymphadenomegaly. Involvement of the carina and the main stem bronchi cannot be ruled out since they are depending on the respiratory phase. There is compression of the left main stem bronchus suspected. This could be caused by left atrial enlargement due to mitral valve disease or represent collapse as well (or both). Currently there is no secondary pneumonia recognized.

INVOICE

12542

DATE

8/16/21



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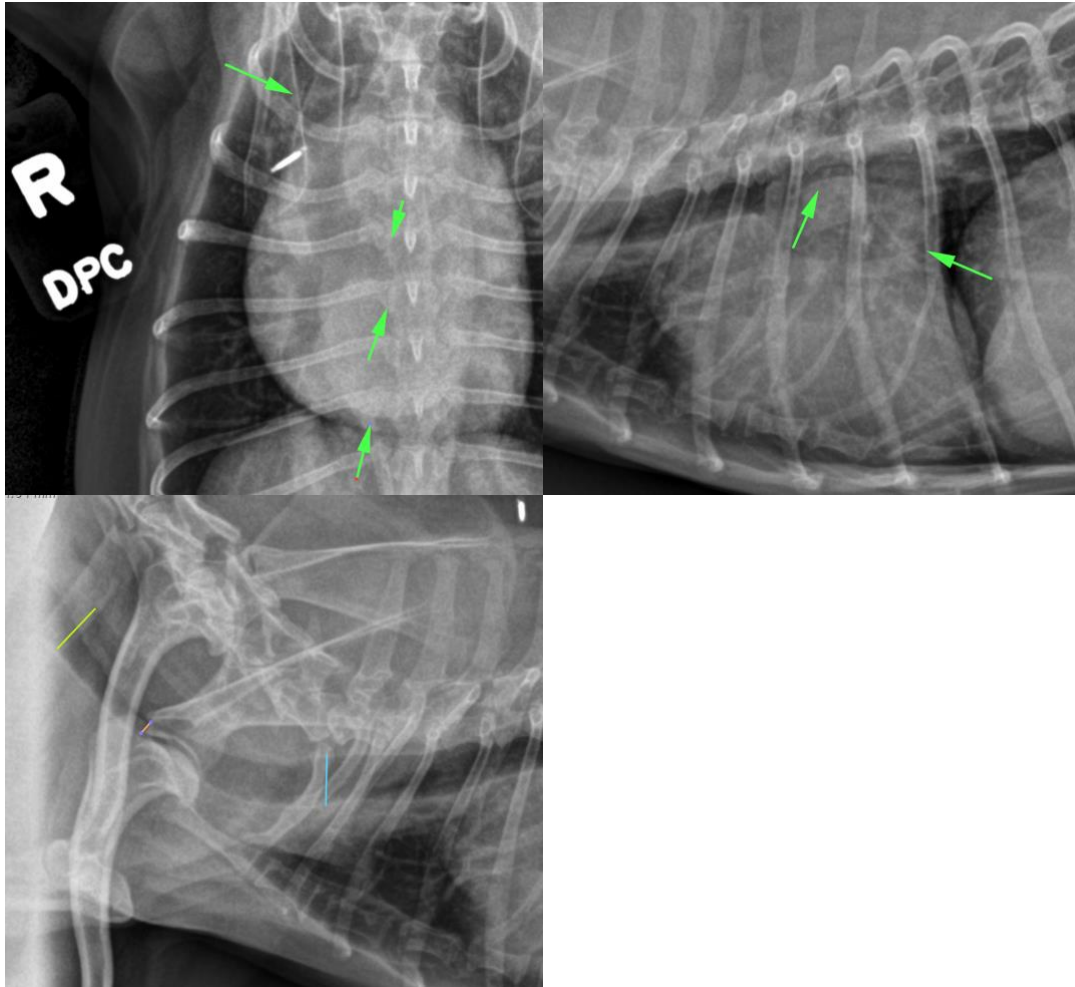
Dr. Feldt

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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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