



PATIENT PRESENTING CLINICAL SIGNS

Ozzie Slaibe History: Chief Complaint: SLIPPED YESTERDAY ON THE FLOOR WHILE BALANCING ON REAR LEGS AND FELL BACKWARDS- History: LIMPING ON ONE OF THE FRONT LEGS SINCE BUT IS WEIGHT BEARING SOMEWHAT. HX OF ARTHRITIS IN FRONT LEGS HISTORY OF COLLAPSING TRACHEA (ON PRIOR CHEST RADS) GENERALLY CONTROLLED WITH HYCODAN 1/4 TAB PRN AT BEDTIME BUT COUGHING MORE AT BEDTIME FOR THE PAST WEEK. C/S/V/D: COUGHING AT NIGHT WORSENING RECENTLY (POS COLLAPSING TRACHEA)

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: N Lymph Nodes: N Skin: 3CM MODERATELY FIRM SQ MASS LEFT VENTRAL NECK (PRIOR FNA=LIPOMA) 4CM SIDE BUT VERY THIN SOFT MOVEABLE SQ MASS LEFT DORSOLATERAL THORAX. 3CM MODERATELY FIRM SQ MASS TO LEFT OF TAIL BASE (PRESENT FOR YEARS) SKIN TAG TIP OF TAIL CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: VERY PAINFUL/CREPITUS RIGHT ELBOW. MILD DISCOMFORT EXT OF LEFT ELBOW. NO NECK OR BACK PAIN. NO CP DEFICITS

RADIOGRAPHIC STUDY OF THE THORAX

AGE

11 Years 4 Months

The surrounding bony structures are within normal limits. The extra-thoracic soft tissues are homogenous without abnormalities.

The cardiac silhouette is normal without evidence of chamber enlargement. The vertebral heart score equals 9.6. There is no evidence cardiovascular disease.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

The lung density appears normal throughout. There is no evidence of nodular or focal lesions recognized.

HOSPITAL NAME

DPC Veterinary H

The trachea shows mild and long stretched collapse cranial and caudal to the thoracic inlet with an alternating diameter. Transverse diameter is reduced to approximately 25 %. The carina and the bronchial tree are prominent but show no relevant collapse in this respiratory phase. The tracheal wall shows subtle calcification.

REFERRING VET

Dr. Feldt

The mediastinum presents expected soft tissue density, there is no evidence of tracheobronchial, cranial mediastinal or sternal lymphadenopathy. No mediastinal shift is seen.

The esophagus is not visible and considered to be normal. The diaphragm is unremarkable, no signs of pleural effusion.

INVOICE RADIOGRAPHIC DIAGNOSIS

13034

- Mildly alternating diameter of the trachea with a suspected mild and long-stretched tracheal collapse

DATE

9/11/21



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ozzie Slaibe
 Radiographs present normal findings of the lungs and the heart. Findings of the trachea would reflect the reported patient's history. I suspect a long-stretched and at least mild (dynamic) tracheal collapse. Involvement of the carina and the main stem bronchi cannot be ruled out since they are depending on the respiratory phase. Currently there is no secondary pneumonia recognized. Endoscopy could be the next diagnostic step.

SPECIES

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BREED

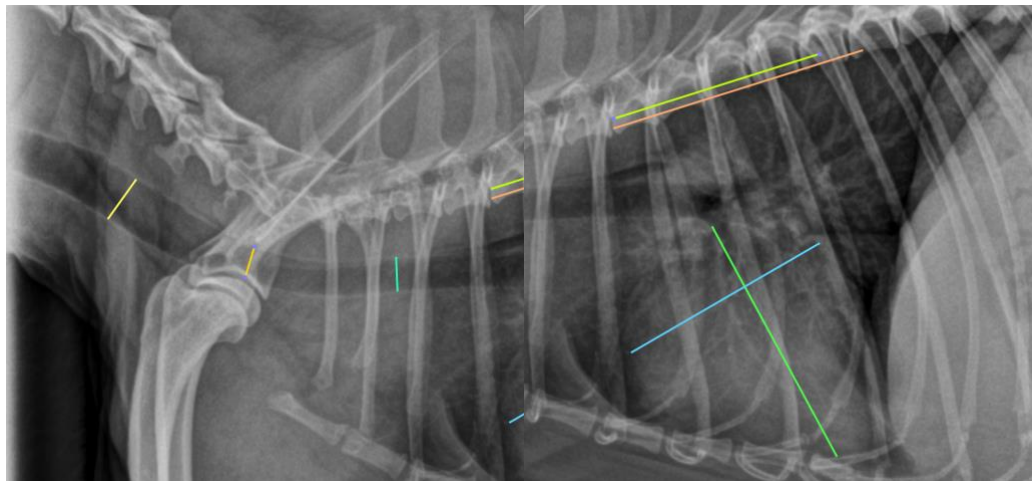
Miniature Poodle

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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

Sebastian Jawinski,
 German Board
 Certified Vet Specialist
 in Diagnostic Imaging

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
 info@sonopath.com

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