



**PATIENT PRESENTING CLINICAL SIGNS**

**Ozzie Bengston** History: In for non-productive cough of over 90 days duration without progression. Cough reported typically as spasmodic in nature but never lasting more than 30 seconds. Non-productive but with a terminal wretch and swallowing. Murmur noted 60 days prior with no additional diagnostics at that time.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Current labs pending at the time of imaging

**BREED**

Maltese Mix

**RADIOGRAPHIC STUDY OF THE THORAX**

The surrounding bony structures show normal age-appropriate degenerative changes of the thoracic spine with formations of ventral spondylosis. The extra-thoracic soft tissues are homogenous without abnormalities.

**SEX**

Neutered Male

The cardiac silhouette appears mildly rounded with protrusion of the left atrium. The vertebral heart score equals 10.0.

The pulmonary vessels are normal in size and taper appropriately in the periphery.

**AGE**

12 Years

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

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

The trachea shows a dynamic, at least moderate and long stretched collapse cranial to the thoracic inlet.

Transverse diameter is reduced to >50 %. The carina and the bronchial tree are prominent but without relevant collapse in the presented respiratory phases. The trachea appears dorsally elevated running parallel to the thoracic spine.

**HOSPITAL NAME**

Gentle Doctor AH

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

**REFERRING VET**

Dr. P. Bashara

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

**RADIOGRAPHIC DIAGNOSIS**

- Mild left atrial enlargement and dorsal elevation of the trachea
- moderate and long stretched tracheal collapse

**INVOICE**

13094

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

9/14/21

Radiographs do reflect the reported patient's history. I suspect a long stretched and at least moderate tracheal collapse. Grade needs to be confirmed with endoscopy. The latter could be used to get BAL for cytology and microbiologic testing. Involvement of the carina and the main stem bronchi cannot



**PATIENT** be ruled out since they are depending on the respiratory phase. Currently there is no secondary pneumonia recognized.

Ozzie Bengston

**SPECIES** Mild cardiomegaly is suspected although the vertebral heart score is within normal limits. Congestive cardiovascular disease and relevant compression of the main stem bronchi are currently not recognized. The prominent left atrium is commonly seen with degenerative mitral valve disease and -insufficiency and needs to be correlated with the clinical presentation (murmur/echocardiography?).

Canine

**BREED**

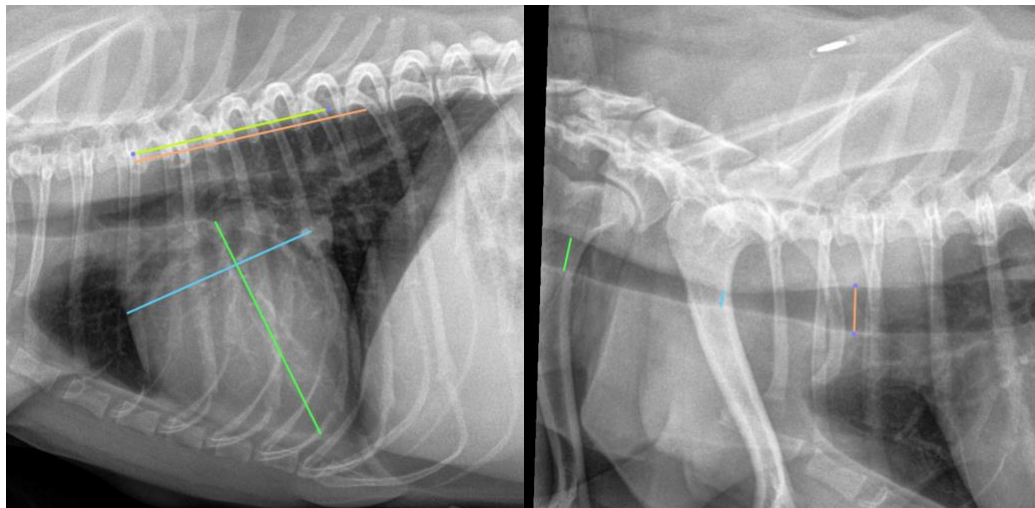
Maltese Mix

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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.

**HOSPITAL NAME**

Gentle Doctor AH

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

**REFERRING VET**

Dr. P. Bashara

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