



PATIENT PRESENTING CLINICAL SIGNS

Saydi Stapp Patient presented 10/15 for annual wellness exam. Hacking cough elicited with tracheal palpation and suspected Tracheal Collapse was discussed (including management techniques) with owner. Symptoms have been getting worse over the past few weeks. Presented again 10/21 due to the increased frequency/severity of coughing. A course of Doxycycline was sent home to ensure infectious tracheobronchitis was a complicating factor for the acute flare-up. No improvement noted on medications, so thoracic radiographs were obtained today and cough suppressants sent home. Frequent coughing fits during appt. No crackles, wheezes, or murmurs noted. Very wiggly and panting during radiographs, no sedation used today.

SPECIES

Canine

BREED

Pomeranian

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax are provided for review. Radiographs are provided in JPEG file format

SEX

FS

RADIOGRAPHIC FINDINGS

The body condition score is 8/9

The vertebral endplates C6/C7 presents moderate spondylosis formation.

AGE

8 Years

In the subcutaneous tissue dorsal to T2 and T4, an ovoid shaped mild mineralized body is seen respectively.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement, the vertebral heart score is 10.6. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

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The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma is hypoinflated in the lateral projection, accentuating a generalized moderate unstructured reticular lung pattern – not appreciated in the VD view. IN the VD projection the lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

REFERRING VET

Dalton Webb, DVM

The principal bronchi cannot be clearly delineated.

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The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

DATE

11-6-21

- Obesity
- Tracheal collapse
- Possible bronchial collapse
- Dystrophic subcutaneous dystrophic mineralization's dorsal to thoracic spine
- Spondylosis deformans C6/C7



PATIENT

Saydi Stapp

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is evidence of significant dorsoventral tracheal flattening, supporting the diagnosis of tracheal collapse. Tracheoscopy/bronchoscopy can be performed for further grading of tracheal collapse and evaluate with accompanying bronchial collapse is present. Consider complementing management by weight management, as obesity can exacerbate clinical signs of tracheal collapse.

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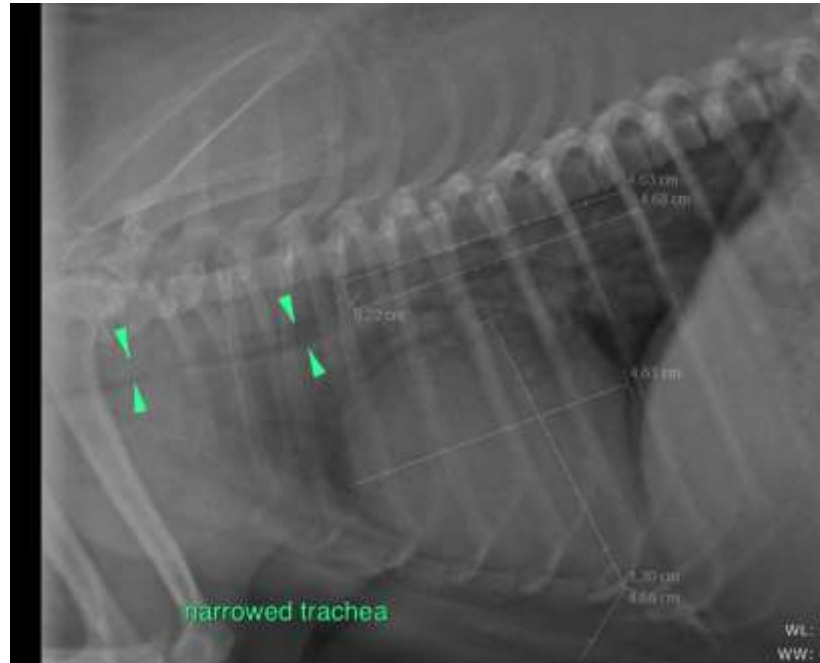
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dalton Webb, DVM

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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