



PATIENT

Tilly Hejhal

SPECIES

Canine

BREED

Peke X

SEX

FS

AGE

13

WEIGHT

19

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Taren, LVT, Jayden

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Dr. A Taplett

INVOICE

73986

DATE

2-28-26

PRESENTING CLINICAL SIGNS

- History of chronic coughing with previous improvement with Hydrocodone and Temaril P for suspected collapsing trachea/bronchitis in the past. History of B1 Mitral valve disease with previous ECHOs. History of 2nd degree AV block that is controlled with Theophylline. Recent history of new adrenal mass and liver disease (spotting appearance on ultrasound, elevated enzymes and elevated bile acids) Recent coughing has had little to no improvement on Codeine, Doxycycline, Cerenia or Zeniquin. Also on Omeprazole and Denamarin. Trying Prednisone today.

Abnormal PE/Chem/CBC/UA Results: No coughing on tracheal palpation. Heart and lungs sound normal. No abdominal effort with breathing. Blood pressure has been normal. No weight loss. Video from owner with dry hacking forceful cough laying in dog bed.

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. 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.

The trachea is normal in diameter and presents the anticipated course. Level with the cranial aperture of the thorax, convex shaped, broad based soft tissue material is attached to the ventral tracheal wall – shifting position in comparison to the radiographic study dated 1/26/26.

Increased visibility of the bronchial walls of the right cranial lung lobe is appreciated.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

The hepatic parenchyma presents advanced irregular branching mineralization of the hepatic parenchyma.

RADIOGRAPHIC DIAGNOSIS

- Bronchial lung pattern – accentuated right cranial lung lobe
- Soft tissue material attached to ventral tracheal wall, level with the cranial thoracic aperture
- Stationary mineralization intrahepatic branches of the biliary tree – stationary
- No evidence of otitis media

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial,



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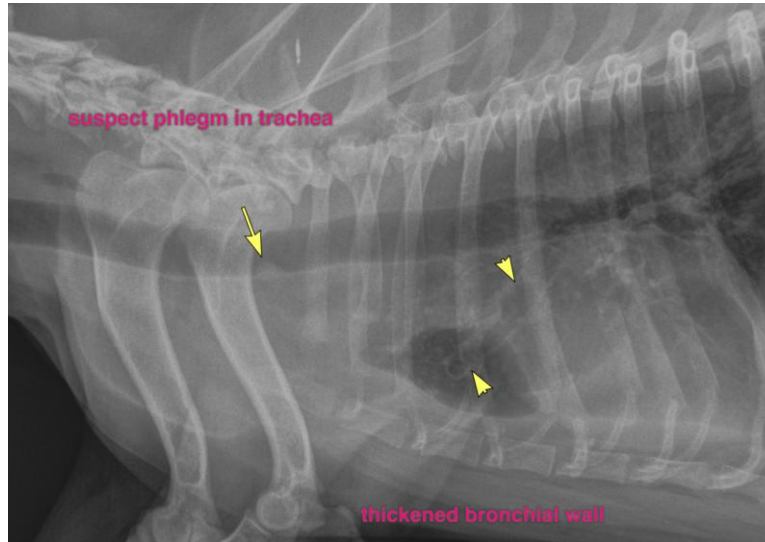
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parasitic) are likely. The chronicity of clinical signs, is increasing the odds for primary inflammatory non-infectious origin of bronchitis. A fecal exam can be used to screen for lung worm infection. Bronchoscopy including BAL may be used as advanced diagnostic tool, empirical management can be considered alternatively.

The soft tissue material in the trachea is most suggestive for phlegm in the trachea as the shifting position would be unusual for mass of the tracheal wall.



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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com