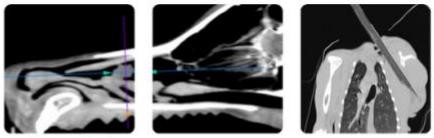



**PATIENT**

Poppy Griffiths

**SPECIES**

Canine

**BREED**

Jackawawa

**SEX**

Spayed Female

**AGE**

14 Years 8 Months

**WEIGHT**

6.4 kg

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

**IMAGING PERFORMED BY**

Ana

**HOSPITAL NAME**

Animal Trust Bolton

**REFERRING VET**

Dr. Ana Valega

**INVOICE**

36219

**DATE**

3/13/26

## PRESENTING CLINICAL SIGNS

- Poppy has a chronic intermittent dry cough present since late 2025. Initial clinical exams were largely unremarkable.
- Thoracic radiographs showed: Subjectively enlarged cardiac silhouette; Possible sternal lymph node enlargement; Hepatomegaly
- An echocardiogram (Jan 2026) found: No structural cardiac disease explaining the cough; Mild LV wall thickening and grade I diastolic dysfunction, likely age-related; Overall cardiac function considered adequate; Further investigations were pursued due to persistent cough and previous basophilia on bloods, raising concern for possible neoplasia or systemic disease.
- On 10 March 2026, auscultation revealed occasional crackles in the right caudodorsal lung field and hepatomegaly on abdominal palpation. Differentials discussed included neoplasia, parasitic disease, collapsing trachea, or concurrent respiratory pathology. A trial of codeine linctus was started for cough suppression (vomited twice on medication).

Abnormal PE/Chem/CBC/UA Results: RBC parameters within normal limits (RBC, HCT, Hb normal). Reticulocytes mildly increased (114 K/µL; slight regenerative response). Eosinophils low. Platelets elevated (585 x$10^9$/L) with increased plateletcrit. Biochemistry Urea elevated (13.0 mmol/L) with normal creatinine. Total protein and globulin increased (TP 87 g/L, globulin 51 g/L). Liver enzymes elevated: ALT 159 U/L, ALP markedly increased (646 U/L). Glucose, phosphorus, calcium, cholesterol, pancreatic enzymes within reference ranges

## COMPUTED TOMOGRAPHIC STUDY OF THE NECK AND THORAX

A high resolution pre- and post-contrast CT study of the neck and thorax is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Neck

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Both thyroid glands present the expected size, shape and attenuation behavior.

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The left principal bronchus is dorsoventrally flattened. The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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The lung parenchyma presents the expected architecture and attenuation behavior, but zones with dystelectasis of the cranioventral aspects of the lung.

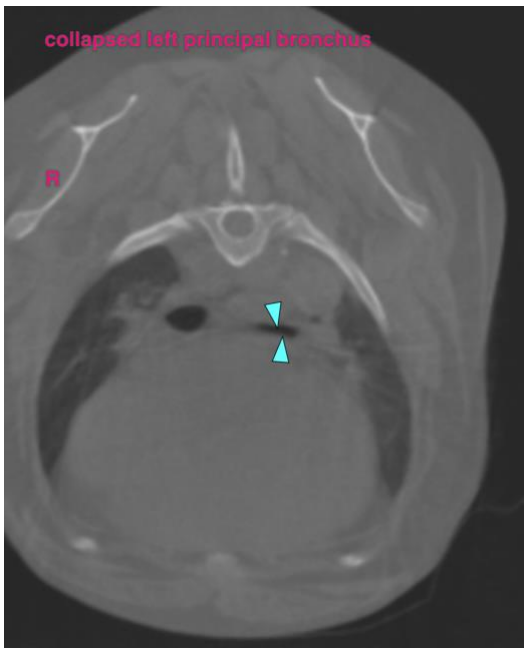
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bronchial collapse left principal bronchus
- Normal neck

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial collapse can predispose for cough, but may also be accentuated by the local anatomical conformation in this patient. No additional abnormalities are appreciated that do explain the cough.




**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**, DVM, Dr. med. vet. DipECVDI
info@sonopath.com