



PATIENT

Remi Keil

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

6Y, 9M

WEIGHT

7.5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Rhea LVT/ Monica VA

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Dr. Kanne

INVOICE

74498

DATE

4-7-26

PRESENTING CLINICAL SIGNS

- Presented 1 month ago for chronic coughing that has worsened over the last year. Cough is worse with activity. Trial on temaril p improved cough significantly. Switched to lomotil after 2 weeks and cough has been slowly getting worse again. Now also panting heavily especially at night when lying down. Reverse sneezing and congestion is present currently as well.

Abnormal PE/Chem/CBC/UA Results: Panting on exam but not dyspneic. Mild cough on tracheal palpation. Mild nasal congestion noted. Mild cyanosis when taking lateral x-ray views. Did not attempt V/D view.

RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

The body condition score is 7-8/9.

The surrounding bony structures are within normal limits.

In the subcutaneous tissue dorsal to the caudal thoracic spine, an ovoid shape soft tissue opaque nodule is seen.

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 is moderately widened by fat.

In the right lateral view of the thorax, complete collapse of the trachea is appreciated.

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

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 volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous soft tissue opacity.

RADIOGRAPHIC DIAGNOSIS

- Tracheal collapse
- Hepatomegaly
- Obesity
- Non-specific subcutaneous soft tissue nodule dorsal to caudal thoracic spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tracheal collapse is a likely trigger for the cough and can predispose for tracheitis & bronchitis that may exacerbate the cough as well.



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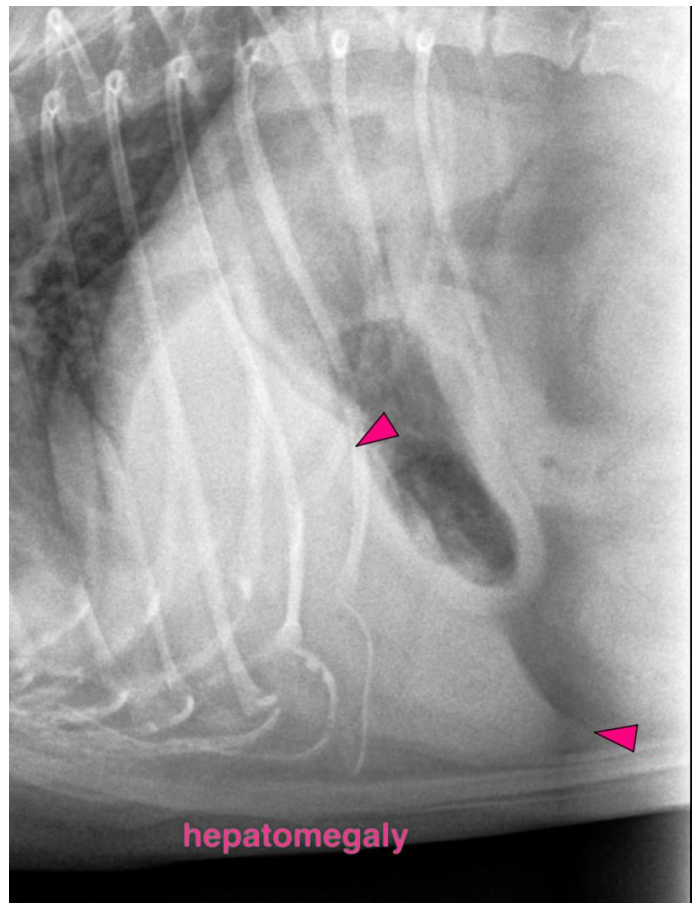
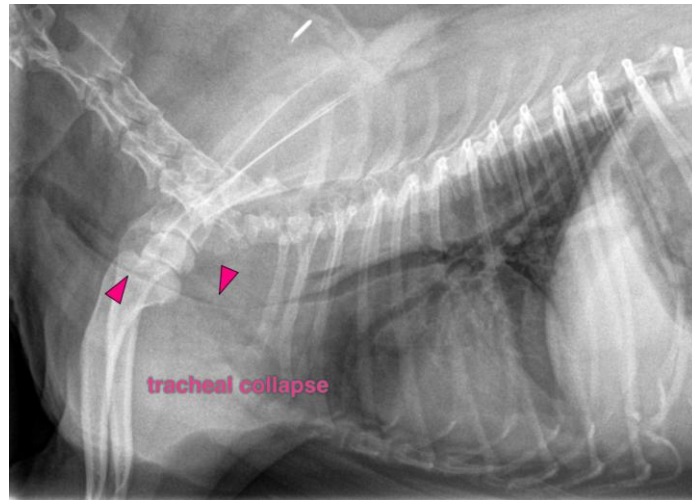
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Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy ± hepatitis or less likely diffuse neoplastic infiltration. Ultrasound can be used for specification and will allow FNA sampling as advanced minimally invasive diagnostic tool.





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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