



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Ava Stapley  
**SPECIES** Canine  
**BREED** Chihuahua

History: Coughing for at least 6 months. Coughing like shes trying to clear her throat or bring something up. Honking type cough but sometimes productive. Has also had mild mucoid nasal discharge occasionally. Had courses of antibiotics and pred and no real response to meds. Also put on Theophylline due to suspicion of dynamic airway disease but again no real response. Physical examination - Oral cavity clear, mm colour pink, no tracheal sensitivity, no heart murmur present, lung sounds more harsh ventrally - no crackles or wheeze present but sounded louder and more rough especially ventrally on the LHS. Ct scan performed of head and thorax Pre and Post Contrast Please report of thorax and head/neck please. Concerned about collapsing trachea (dynamic airway disease) vs thoracic/cardiac issue.

Abnormal PE/Chem/CBC/UA Results: Recent bloods were normal

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

**SEX** Female

A pre- and post-contrast CT study of the thorax in a lung, bone and soft tissue reconstruction is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**AGE** 9 Years

Significant irregular dorsoventral flattening of the cervical segment of the trachea is seen – distended by the endotracheal tube.

**INTERPRETED BY** The left principal bronchus presents moderate dorsoventral flattening.

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

The lung parenchyma presents a patchy ground-glass attenuating pattern – most accentuated in the caudal lung lobes. Multifocal moderate peribronchial cuffing is noted.

**HOSPITAL NAME** 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.

Colyton VH

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

**REFERRING VET** Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Chris Papantonio

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- INVOICE** 16481
- Tracheal collapse cervical segment
  - Bronchial lung pattern with mild patchy peribronchial moderate unstructured interstitial lung pattern
  - Collapsed left principal bronchus

**DATE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

7/22/22



**PATIENT**

Ava Stapley

The tracheal collapse and the collapsed left principal bronchus are considered as the main finding of the CT study of the thorax and would be a plausible cause for cough. The pulmonary pattern is suggestive for bronchopneumonitis – although the pattern is likely accentuated by hypoinflation of the lung parenchyma – primary inflammatory non-infectious causes are considered more likely (e.g. lymphocytic plasmocytic, eosinophilic, mixed) than infectious disease. Pulmonary fibrosis might be a consideration as well.

**SPECIES**

Canine

Tracheoscopy/bronchoscopy would be ideal as advanced diagnostic tools and for grading of the tracheal collapse ± bronchial collapse. Bronchoscopy can be complementing by BAL to screen for inflammatory lower airway disease.

**BREED**

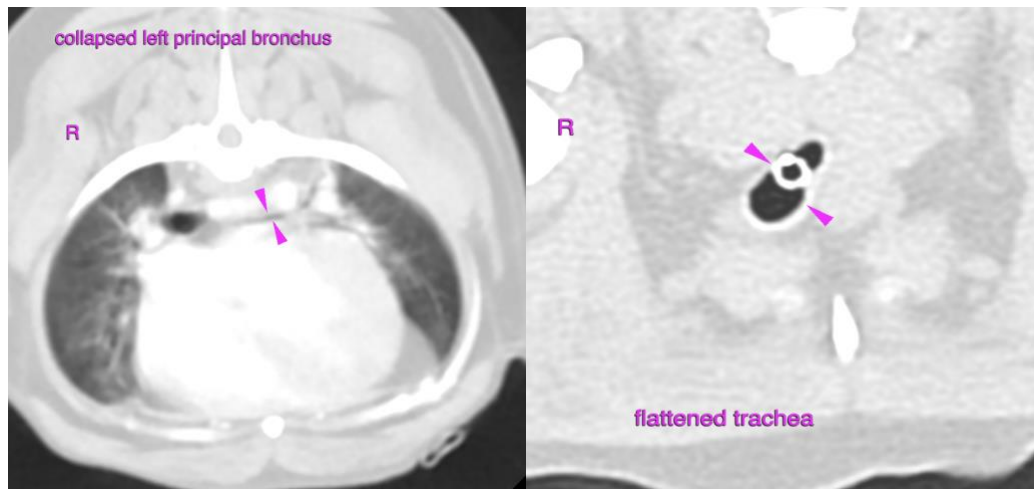
Chihuahua

**SEX**

Female

**AGE**

9 Years



**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**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.**

**HOSPITAL NAME**

Colyton VH

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.

**REFERRING VET**

Chris Papantonio

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**INVOICE**

16481

**DATE**

7/22/22