



**PATIENT PRESENTING CLINICAL SIGNS**

**Fendi Echeverry** Reason for Visit: coughing History: 14 year male yorkie presented today for coughing. p has hx of coughing on/off but now has become more continuous starting yesterday , p will just cough throughout day. coughing is not triggered by excitement.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; cataracts OU; N; coughing continuously regardless of palpation Oral Cavity: heavy dental tartar present on few remaining teeth Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. CV/Respiratory: No murmur, but crackles and a slight wheeze auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. **BREED** Abd/GI: Soft non painful abdomen Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. BCS 6.5/9 Neurological: Appropriate

**Yorkie RADIOGRAPHIC STUDY OF THE THORAX**

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

**SEX RADIOGRAPHIC FINDINGS**

**Male** The intervertebral disc space C6/C7 and T12/T13 is collapsed and the respective vertebral endplates present ventral spondylosis formation.

**AGE** The extrathoracic soft tissues present homogeneous without abnormalities.

**14 Years** 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.

**INTERPRETED BY**

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.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

A soft tissue membrane is bulging ventrally into the lumen of the cervical tracheal

**HOSPITAL NAME**

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

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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.

**REFERRING VET**

**RADIOGRAPHIC DIAGNOSIS**

- Dr. White**
- Redundant tracheal membrane ± tracheal collapse
  - Chronic discopathy C6/C7 and T12/T13

**INVOICE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**59165** The appreciated soft tissue opacification of the cervical segment of the trachea is most consistent with a redundant tracheal membrane as the dorsal margin of the trachea can still be appreciated and the clinical relevance for the acute presenting clinical signs is unclear. No additional abnormalities are appreciated, explaining the cough. However, this does not rule out possible tracheitis/bronchitis (e.g. Kennel cough)

**DATE**

**7-5-23**



**PATIENT**

Fendi Echeverry

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Male

**AGE**

14 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

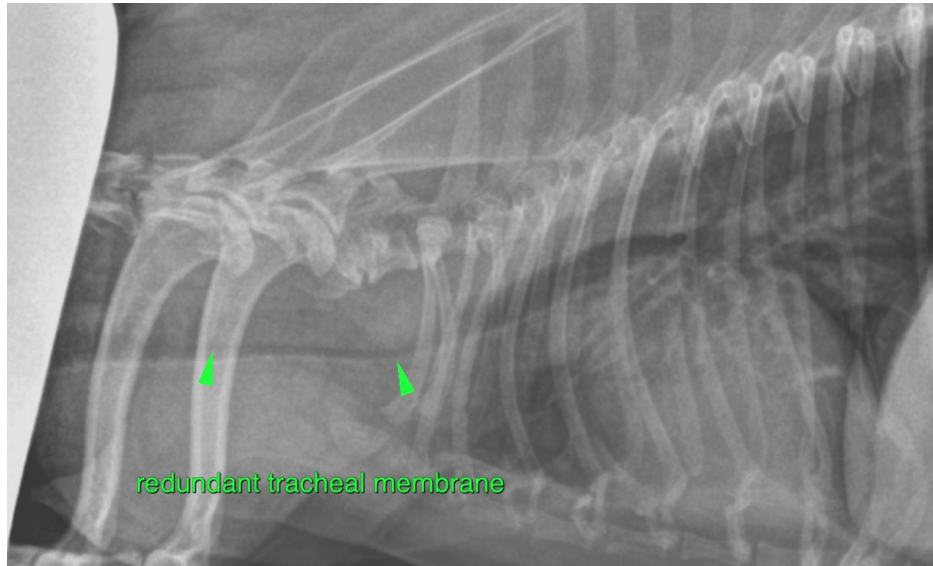
Dr. White

**INVOICE**

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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.

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