



**PATIENT PRESENTING CLINICAL SIGNS**

Breezy Lindquist History of coughing when excited in on 5/5/23. Coughing on tracheal palpation and mild crackles noted. No heart murmur. X-rays with concern for possible pneumonia and narrowed trachea. Trial of Zeniquin and Temaril P performed with minimal improvement. Recheck x-rays on 5/18/23 with continued concern for pneumonia and tracheal collapse. Trial of Doxycycline and Temaril P performed. Recheck on 6/29 owner thought some improvement. Exam unremarkable. Heartworm test neg.

**SPECIES** Canine  
 Recheck today with continued coughing noted at home - mostly when excited.  
 Abnormal PE/Chem/CBC/UA Results: Normal temperatures. Stable weights. No heart murmur noted. Coughing on tracheal palpation. Patient is very difficult to examine but crackles noted on dorsal lung fields periodically. Normal SpO2 readings. Very difficult to capture x-ray on inspiration.

**BREED** Yorkie

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**SEX RADIOGRAPHIC FINDINGS**

FS The intervertebral disc spaces T3/T4 to T5/T6 are collapsed and the respective vertebral endplates present irregular margins and ventral spondylosis formation.

**AGE** In the subcutaneous tissue dorsal to the spinous process T4/T5, a well-defined soft tissue nodule is visible.

14 Years, 5 Months 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

Dynamic significant dorsoventral flattening of the intrathoracic tracheal segment and principal bronchi is appreciated. A soft tissue membrane is bulging ventrally into the lumen of the caudal tracheal segment.

**HOSPITAL NAME**

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

Gentle Doctor Animal  
 Hospital

The lung parenchyma presents a generalized mild ground glass opacity, caused by an unstructured reticular lung pattern; the intrapulmonary vascular branching is seen up to the third order lung vessels.

**REFERRING VET**

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

Dr. A Taplett

**RADIOGRAPHIC DIAGNOSIS**

**INVOICE**

59639

- Tracheal collapse intrathoracic segment
- Bronchial collapse principal bronchi
- Redundant tracheal membrane
- Non-specific subcutaneous soft tissue nodule dorsal to T4/T5
- Chronic discopathy T3/T4 to T5/T6

**DATE**

8-2-23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tracheal & bronchial collapse are a plausible explanation for the history of cough. The lung parenchyma presents without signs of pneumonia – the dynamic increased ground glass opacity of the



**PATIENT** lung parenchyma is considered secondary to age-related changes of the lung accentuated by hypoinflation of the lung parenchyma. However, latent accompanying bronchitis – primary inflammatory (e.g. lymphocytic plasmocytic, eosinophilic) – is considered likely.  
Breezy Lindquist

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

FS

**AGE**

14 Years, 5 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Gentle Doctor Animal  
Hospital

**REFERRING VET**

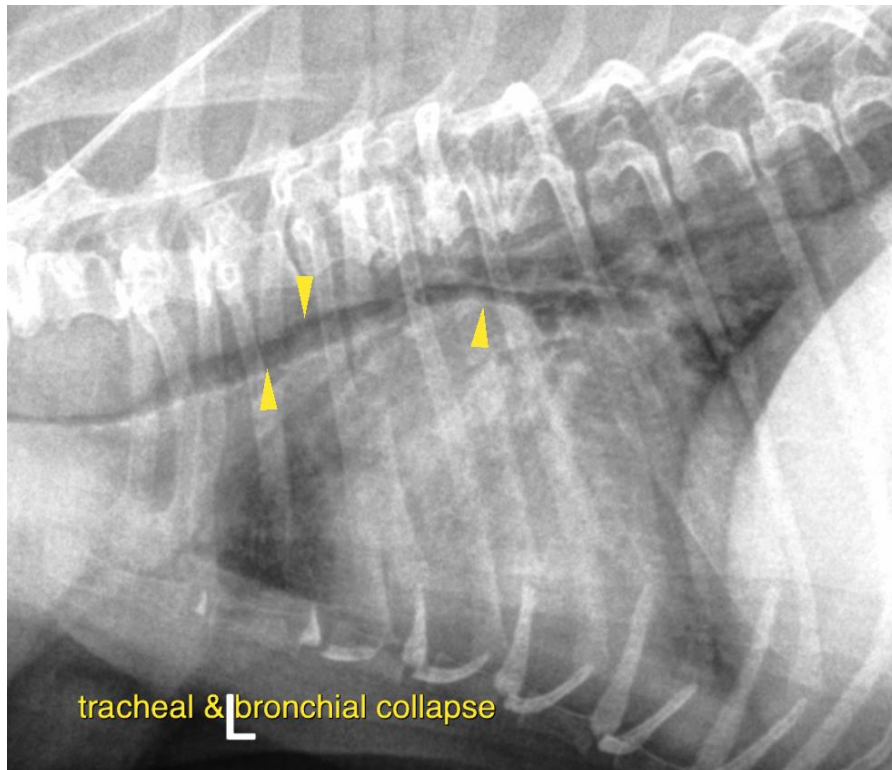
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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