



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Birdie Mathison  
**SPECIES** Canine  
**BREED** Tibetan Spaniel  
**SEX** Female Spayed

She presented 5/27/23 for vomiting for 2-3 days ( 1-2 times daily, brown/yellow consistency). Bloodwork was performed and only elevations noted was PSL mildly elevated, USG slightly dilute and mildly elevated SDMA ( cut, bun- normal). Thoracic radiographs & abdominal radiographs performed. On abdominal rads- unusual opacity/appearance within stomach, proximal SI, poss. ingest, foreign material, Open. DJD and spondylosis-incidental findings. Normal thorax. - Pt clinically back to normal per o 2 days later with supportive care- 6/23/23: Pt returned to clinic for diarrhea and was noted to be coughing. Per o deep, hacking cough occasionally making her vomit she was coughing so hard. Started on doxycycline, Metronidazole. 7/15/23: pt returned again because coughing worsening. Started on broad spectrum antibiotics: amoxicillin & baytril--> still no clinical improvement. VF titer performed- negative. 7/20/23: thoracic rads being sent for consultation. Any additional recommendations/ diagnostics? Current medications: denamarin, amoxicillin, baytril, Metoclopramide, benadryl

Abnormal PE/Chem/CBC/UA Results: 5/27/23 Bloodwork was performed and only elevations noted was PSL mildly elevated, USG slightly dilute and mildly elevated SDMA ( cut, bun- normal 7/15/23: VF titer performed- negative.

**RADIOGRAPHIC STUDY OF THE THORAX**

**AGE** 12 Years

Radiographs of the thorax and abdomen, in three imaging planes are provided for review, right lateral, left lateral and ventrodorsal views, totaling 4 images. Comparison with previous report dated on 3.28.23

**RADIOGRAPHIC FINDINGS**

**INTERPRETED BY** Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

The air column height of the cervical and thoracic trachea is variably narrowed with undulant contour between the lateral views. Moderate narrowing of the trachea at the level of C5-T1 is seen. Moderate narrowing of the cranial intrathoracic trachea and marked narrowing of mainstem bronchi are noted.

On the edge of the right lateral view, the nasopharynx and larynx are overdistended.

There is reduced pulmonary volume expansion. Also, a diffuse unstructured interstitial and bronchial pulmonary pattern is noted.

The cervical esophagus is mildly distended by gas and soft tissue opaque fluid material.

The cardiac silhouette spans approximately 55% of the thoracic width, 3.5 intercostal spaces, with normal shape. The visible pulmonary vessels are normal.

**REFERRING VET** Dr. Housley

The pleural space and mediastinum are normal.

Mild periarticular ossification is seen in both elbow joints.

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ON THE COLLIMATED ABDOMEN

Similar to the previous exam, the appearance of the splenic head is slightly prominent in the lateral views; individual variation.

**DATE**

7-20-23



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 The stomach is mildly distended, contains a small amount of gas admixed with heterogeneous soft tissue opaque ingesta material, which redistributes with the patient position. The previously detected round soft tissue opaque structure superimposed with the position of the gastric pylorus is no longer identified, normal stomach.

**SPECIES RADIOGRAPHIC DIAGNOSIS**

- Canine
- Tracheal and mainstem bronchial collapse, and concurrent redundant membrane identification.
  - Unstructured interstitial and bronchial pulmonary patterns, differential diagnosis includes lower airway inflammatory/ infectious disease, or concurrent to passive atelectasis.
- BREED** Tibetan Spaniel
- Esophageal aerophagy. The differential diagnosis includes esophageal reflux.
  - Overdistended nasopharynx and larynx, likely correlated to respiratory distress.
  - Normal abdomen.
  - T12-T13 spondylosis deformans.
  - Elbow osteoarthritis.

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

Female Spayed  
 The radiographic findings show tracheal collapse and bronchomalacia and is correlated to the present clinical signs of cough. Continuing the prescribed therapy is suggested and consider the association with esophageal reflux treatment. Consider associating cough suppressants, and for the patient to avoid stress, excitement, and excessive exercise.

**AGE**

12 Years

**INTERPRETED BY**

Tilde Rodrigues Froes,  
 DMV, MSc., Dr. Med  
 Vet., Dipl. CBraRVet

**HOSPITAL NAME**

Ahwatukee Commons  
 Veterinary Hospital

**REFERRING VET**

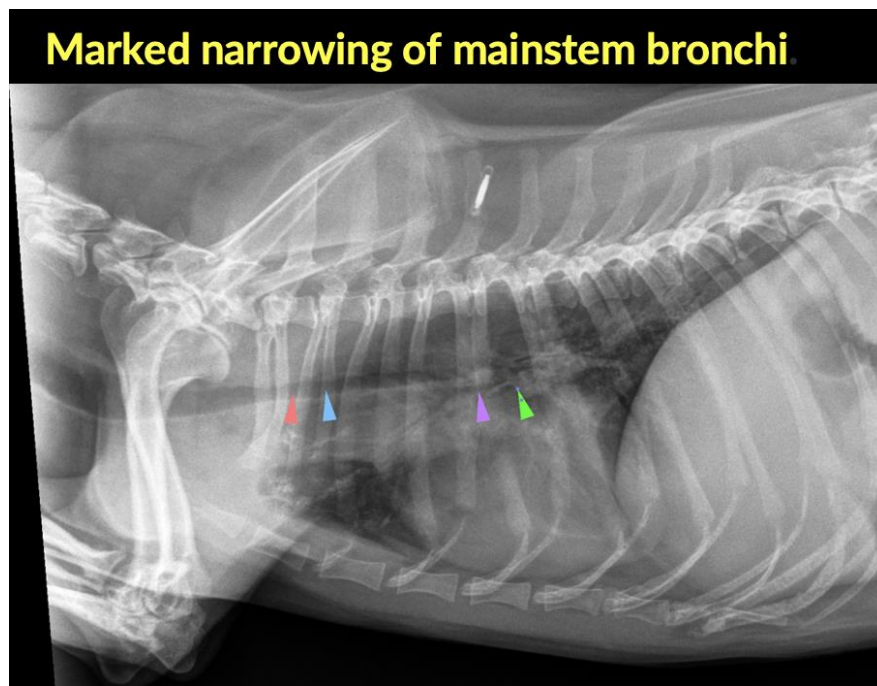
Dr. Housley

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**PATIENT**

Birdie Mathison

**SPECIES**

Canine

**BREED**

Tibetan Spaniel

**SEX**

Female Spayed

**AGE**

12 Years

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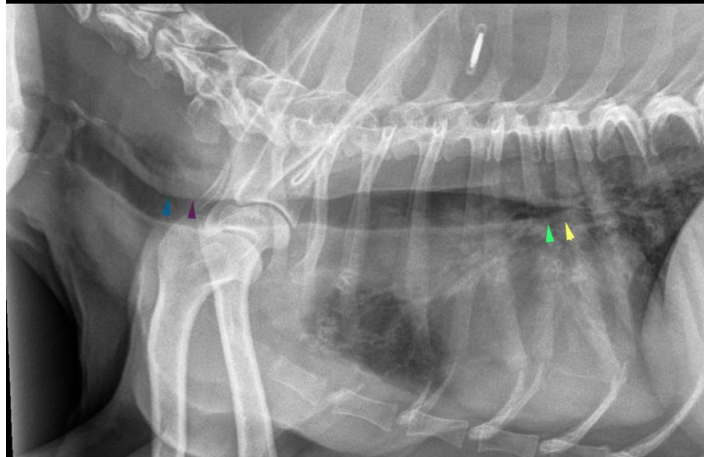
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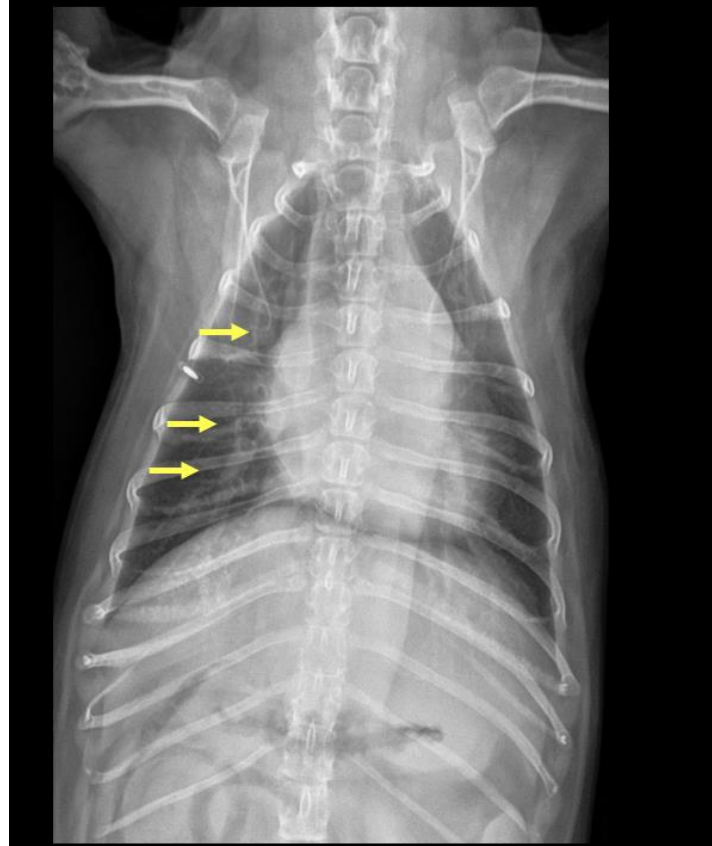
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**Cervical tracheal narrowing and membrane  
redundant identification**



**Pulmonary bronchial pattern**





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**HOSPITAL NAME**

Ahwatukee Commons  
Veterinary Hospital

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**REFERRING VET**

Dr. Housley

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