

**PATIENT**

Laya Frisneth

**PRESENTING CLINICAL SIGNS**

3 weeks of bilateral clear discharge, more sneezing and reverse sneezing, increased resp efforts, lethargic, diarrhea for the last week. Is on veteryl 5mg for cushings treatments  
Abnormal PE/Chem/CBC/UA Results: normal CBC

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal views totaling 3 images available for review.

**BREED**

Boston Terrier

**RADIOGRAPHIC FINDINGS**

Moderate T5/6 spondylosis deformans is seen as well as moderate bilateral elbow osteoarthritis.

The lungs are moderately inflated. A mild caudodorsally accentuated bronchial lung pattern with peribronchial cuffing and early cylindrical bronchiectasis is seen.

**SEX**

FS

Course and width of the trachea are considered within normal limits.

There is no evidence of abnormal mediastinal widening.

**AGE**

11 Years

There is no radiographic evidence of cardiovascular pathology.

**RADIOGRAPHIC DIAGNOSIS**

- Mild active chronic lower airway pattern.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings do suggest potential for chronic lower airway disease such as irritant or eosinophilic bronchopneumopathy. Infectious bronchitis such as viral, bacterial, parasitic, or protozoal is a potential differential diagnosis; however, based on the description of the clinical signs, upper respiratory tract involvement including brachycephalic upper airway stenosis, infectious or other upper respiratory tract disease should be considered potentials as well. Upper and lower airway endoscopy with airway sampling would be ideal in the further definition. Depending on the evaluation of the upper respiratory tract, CT might be useful as well.

**HOSPITAL NAME**

Sylvan Lake  
Veterinary Clinic

**REFERRING VET**

Dr. Sandy Jameson

**INVOICE**

49268

**DATE**

1-3-22



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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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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