



**PATIENT**

Cooper Kiger

**PRESENTING CLINICAL SIGNS**

Owner noticed worsening cough over the last 2 weeks. No improvement on temaril P course. Still eating and drinking normally. Cough happens more with exertion/excitement but is happening more frequently.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Temp 102.4

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Dach/Lab

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX**

MN

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits. The vertebral heart score of 10.

**AGE**

2 Years, 8 Months

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.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The lungs are deeply inflated. A moderate generalized bronchial lung pattern with peribronchial cuffing and diffuse increase in interstitial opacity is seen with even distribution throughout the lung.

**HOSPITAL NAME**

Gentle Doctor Animal  
Hospital

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

Mild gastric aerophagia is noted.

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Sara Rotthaus

- Active generalized bronchial lung pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

54734

The radiographic study reveals a bronchial lung pattern with even distribution throughout the lung. The radiographic changes are moderate in appearance. Infectious bronchitis such as canine infectious respiratory disease complex is one primary differential diagnosis. Allergic or irritant bronchitis cannot be ruled out entirely as a differential diagnosis. Airway endoscopy with airway sampling would be ideal for further definition. If this is not an option, a clinical trial of treatment for bronchitis could be considered along with proactive deworming.

**DATE**

10-19-22



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**REFERRING VET**

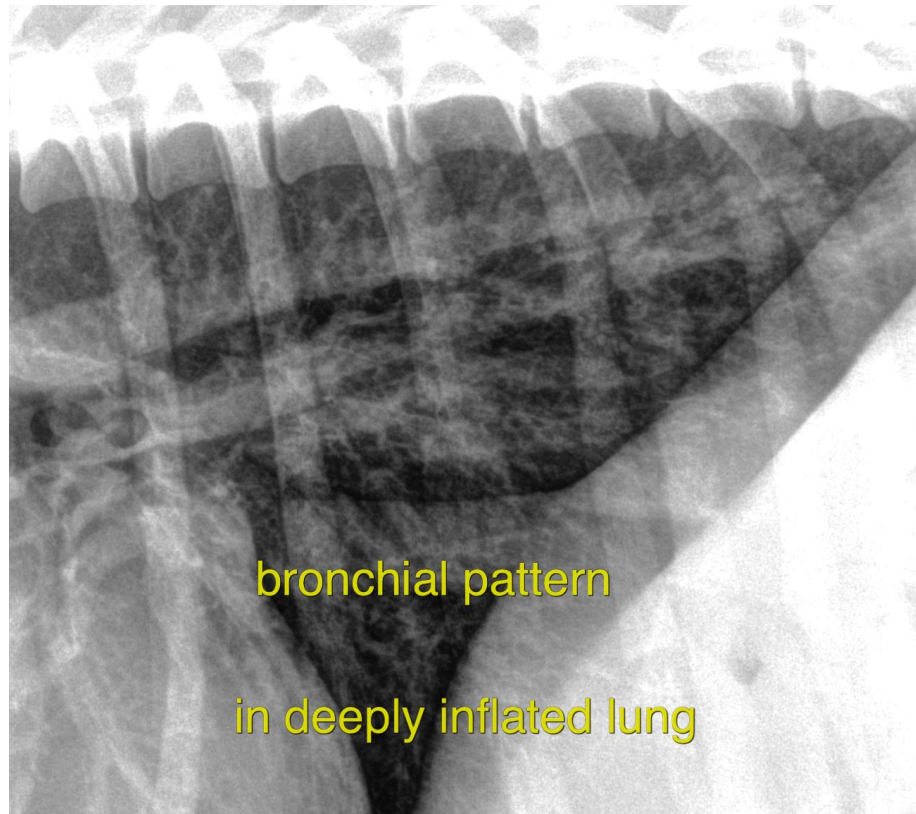
Sara Rotthaus

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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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