



**PATIENT**

Bella Hackbarth

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

8 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Neighborhood Pet  
Health Center

**REFERRING VET**

Dr. Finch

**INVOICE**

54422

**DATE**

10-3-22

**PRESENTING CLINICAL SIGNS**

P started coughing 9 days ago. P had an uneventful exam 7 days ago. Treatment for URI was started. P has improved over the past 7 days but the cough has not resolved. Other pets in the house have since developed similar coughs. O request thoracic radiographs.

Abnormal PE/Chem/CBC/UA Results: PE unremarkable. CBC/Chem/UA not performed. HWT neg.

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal views of the thorax totaling 6 images available for review.

**RADIOGRAPHIC FINDINGS**

The degree of pulmonary inflation is fair. A moderate bronchial lung pattern with peribronchial cuffing is seen and evenly distributed throughout the lung.

There is no evidence of mediastinal widening.

Shape and size of the cardiac silhouette are considered within normal limits. The vertebral heart score is 10.5. The pulmonary vasculature presents within normal limits.

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

No evidence of bronchial collapse and no significant bronchiectasis can be seen.

The abdominal cavity appears to be voluminous and the thoracic volume relatively small.

Moderate gastric aerophagia is noted.

The patient is obese.

**RADIOGRAPHIC DIAGNOSIS**

- Moderate bronchial lung pattern.
- Aerophagia.
- No radiographic evidence of cardiovascular pathology.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals a moderate bronchial lung pattern. Age related changes may enhance the impression of the bronchial pattern. However, underlying bronchopneumopathy such as eosinophilic/allergic or infectious bronchitis including viral, bacterial, and parasitic cannot be ruled out. Further definition by means of airway endoscopy and airway sampling could be considered. This would also allow to assess the upper airways for potential pathology such as laryngeal malfunction or other.



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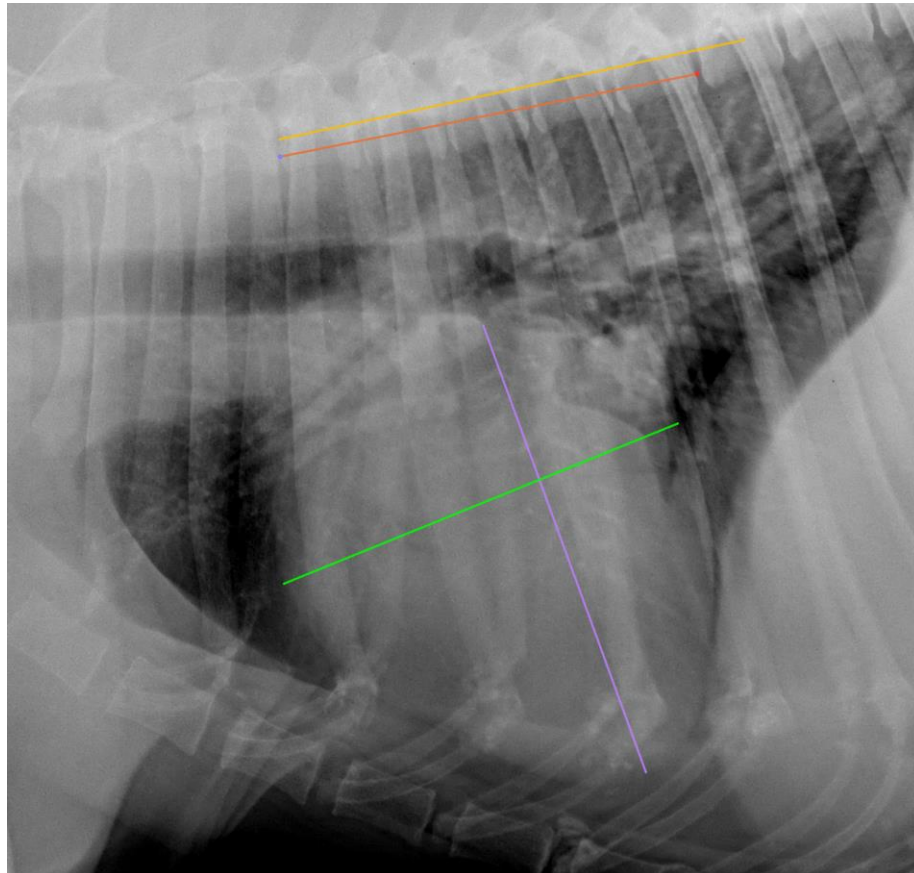
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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