



PATIENT PRESENTING CLINICAL SIGNS

Bea Austin progressive cough over last 2 weeks
Abnormal PE/Chem/CBC/UA Results: pending

SPECIES RADIOGRAPHIC STUDY OF THE THORAX

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

RADIOGRAPHIC FINDINGS

BREED A moderate generalized bronchial lung pattern with mild peribronchial cuffing is noted and is evenly distributed throughout the entire lung.
Terrier X

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

SEX Mild upper esophageal aerophagia is noted and considered incidental.

Spayed Female There is no radiographic evidence of generalized cardiomegaly or specific chamber enlargement. The pulmonary vasculature presents within normal limits. Vertebral heart score is 10.2.

AGE No evidence of abnormal mediastinal widening.

5 Years The thoracic boundaries present within normal limits.

RADIOGRAPHIC DIAGNOSIS

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

- Moderate generalized bronchial lung pattern
- No radiographic evidence of cardiovascular pathology

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Q Street AH

The radiographic findings suggest the presence of lower airway disease. Differential diagnoses include eosinophilic/allergic bronchopneumopathy versus infectious bronchitis including viral, bacterial, and less likely parasitic. Lower airway endoscopy with airway sampling would be ideal for further definition. If that is not an option, a clinical trial of empirical management for bronchitis could be considered.

REFERRING VET

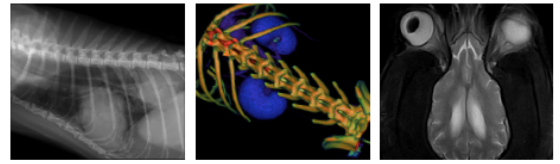
Dr. Bretschneider

INVOICE

37073

DATE

4/21/22



PATIENT

Bea Austin

SPECIES

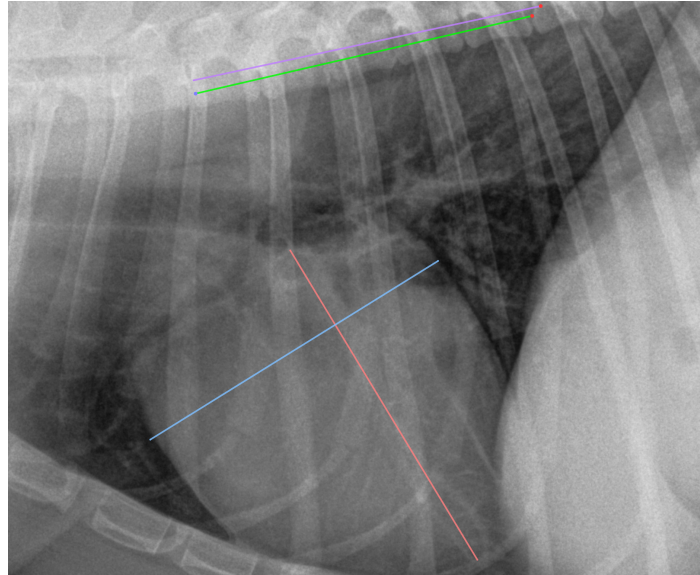
Canine

BREED

Terrier X

SEX

Spayed Female



AGE

5 Years

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.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

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