



**PATIENT**

Penny Mock

**PRESENTING CLINICAL SIGNS**

COUGHING FOR 1 WEEK  
Abnormal PE/Chem/CBC/UA Results: UNREMARKABLE

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Labrador Retriever

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**SEX**

Female Spayed

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 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. A small thymic remnant is seen.

**AGE**

8 Months

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

A mild generalized bronchial lung pattern is noted with caudodorsal accentuation.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

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

**RADIOGRAPHIC DIAGNOSIS**

- Mild caudodorsally accentuated bronchial lung pattern - otherwise, normal age related thorax.

**HOSPITAL NAME**

St. Catharine's Animal  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings suggest potential for lower airway disease such as bronchitis/tracheobronchitis and allergic/eosinophilic bronchopneumopathy. With the patient demographics, infectious bronchitis / tracheobronchitis is a main differential diagnosis and based on the radiographic findings, viral or bacterial infection such as with distemper, parainfluenza, adeno, bordetella, and other is thought more likely than parasitic/lungworm disease. Final diagnosis, however, would require lower airway sampling which could be considered should the patient remain unresponsive to the initiated management. At this time, no evidence of pneumonia is seen.

**REFERRING VET**

Dr. Boctor

**INVOICE**

52073

**DATE**

5-13-22



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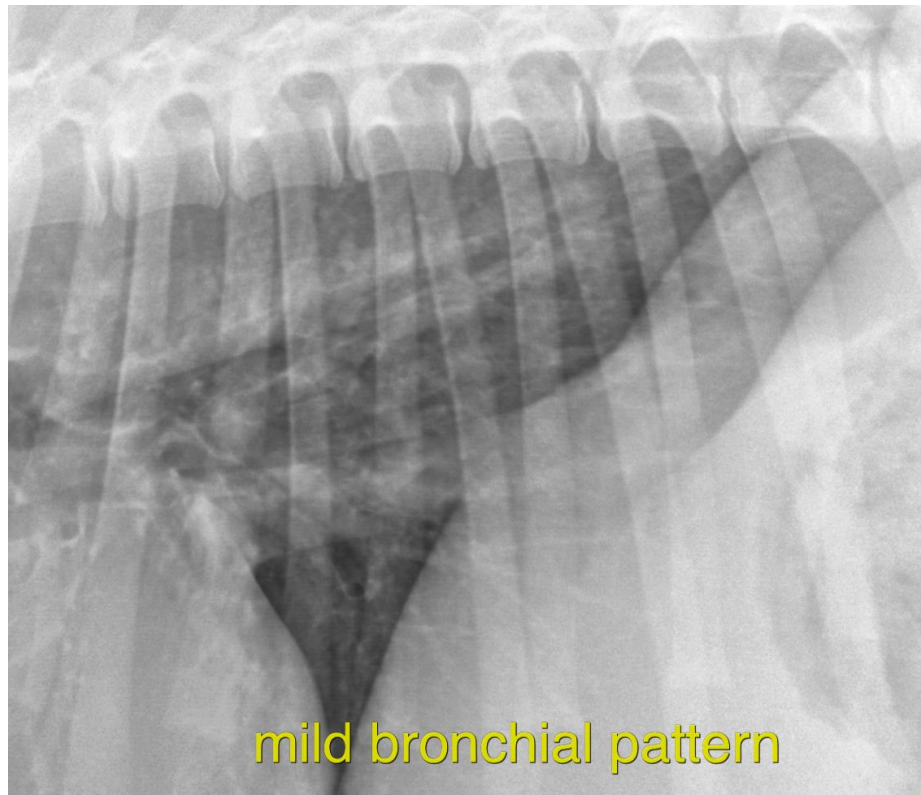
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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