



PATIENT

Meeka McCormack

PRESENTING CLINICAL SIGNS

Patient has a history of mitral valve disease confirmed by echocardiography. Sleeping respiratory rate is <23 per minute. She is on pimobendan and benazepril. However, in spite of this she has a cough. Concurrent respiratory disease is suspected.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Recent lab work is within normal limits.

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

BREED

Terrier Mix

RADIOGRAPHIC FINDINGS

The body condition score is 8/9.

The surrounding bony structures are within normal limits.

SEX

Female Spayed

The extrathoracic soft tissues present homogeneous without abnormalities.

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

AGE

10 Years

The mediastinum is moderately widened by fat.

A soft tissue membrane is bulging ventrally into the lumen of the cervical tracheal segment. The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Generalized mild thickening of the bronchial walls is appreciated.

The lung field is extending up to the level of the vertebral body of T11 in the lateral projections – expiration. The lung parenchyma presents the expected architecture and generalized ground glass opacity of the lung parenchyma; the intrapulmonary vascular branching is seen up to the third order lung vessels.

HOSPITAL NAME

Friendship Springs
Veterinary Care

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

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Trae Cutchin

- Obesity
- Mild bronchial lung pattern
- Redundant tracheal membrane
- History of mitral valve disease, no sign of decompensation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. The clinical relevance of the redundant tracheal membrane is unclear, but it can be a precursor for tracheal collapse. Obesity is also a known predisposing factor for cough. Bronchoscopy including BAL can be used as advanced diagnostic tool, empirical management can be considered alternatively.

DATE

1-18-23



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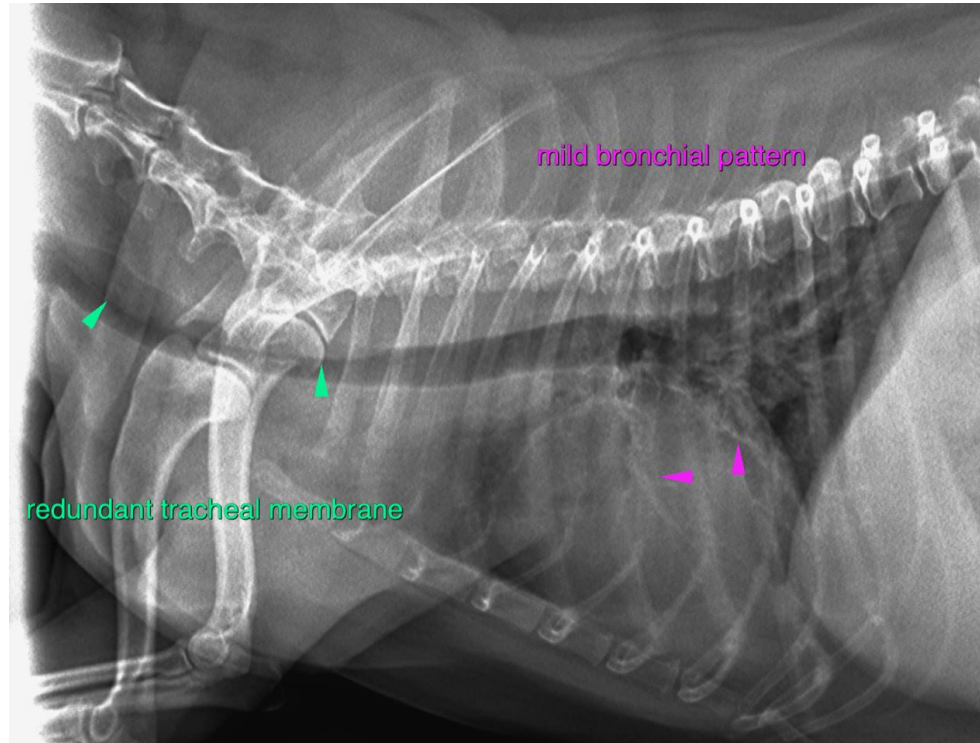
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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