



**PATIENT**

Gilbert Lanter

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Male Neutered

**AGE**

13 Years, 10 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Ahwatukee Commons  
Veterinary Hospital

**REFERRING VET**

Rebecca R. Housley

**INVOICE**

56464

**DATE**

1-30-23

**PRESENTING CLINICAL SIGNS**

Pt has had coughing for at least 5 years. Over the past week coughing has been getting worse. Pt is having coughing fits that last up to 10 minutes. Cough is non productive, unless Pt drinks a lot of water really fast. Thoracic radiographs: Prominent bronchial pattern noted in all lobes. Nodules- suspected osteomas seen throughout lungs. Heart rounded. VHS measuring 8-9. Trachea slightly narrowed, potential for tracheal collapse. PA looks subjectively enlarged.

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

A roundish soft tissue opacity is superimposed on the spinous processes of the cranial thoracic spine.

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.

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.

Dynamic moderate dorsoventral flattening of the cervical segment of the trachea is appreciated.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

**RADIOGRAPHIC DIAGNOSIS**

- Moderate tracheal collapse cervical segment
- Non-specific (sub)cutaneous nodular lesion region dorsal thoracic spine.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tracheal collapse might contribute to the cough. Although no abnormalities of the lower airways are appreciated, a negative radiographic study does not rule out potential bronchitis. Bronchoscopy can be used for further grading of the tracheal collapse and can be complemented by lower airway sampling to screen for inflammatory disease.

The appreciated small hyperdense nodular structures are considered as end-on views of pulmonary vessels.



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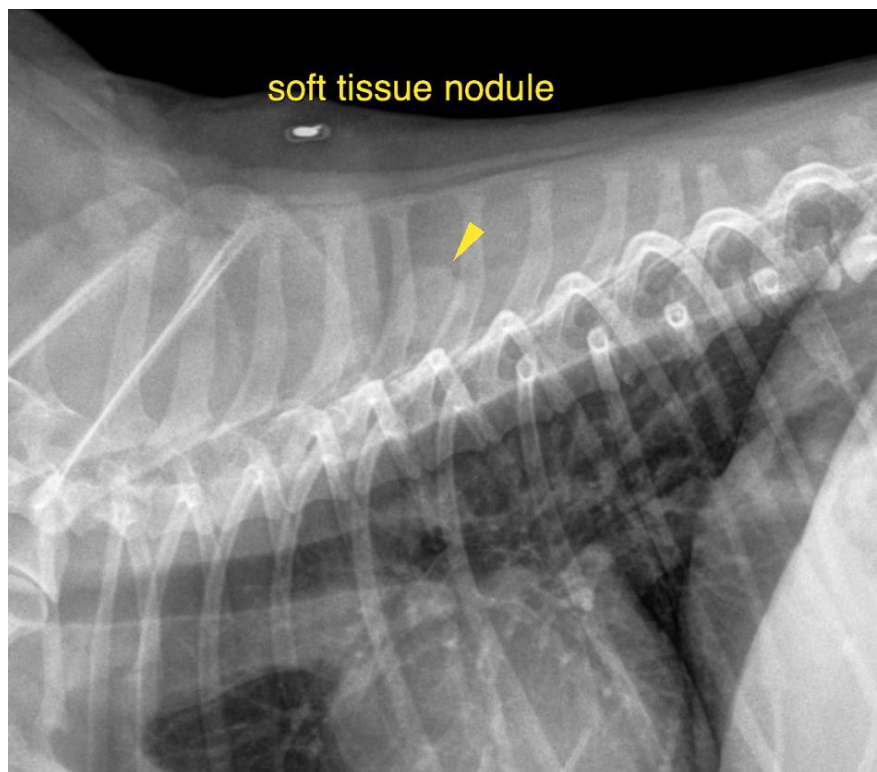
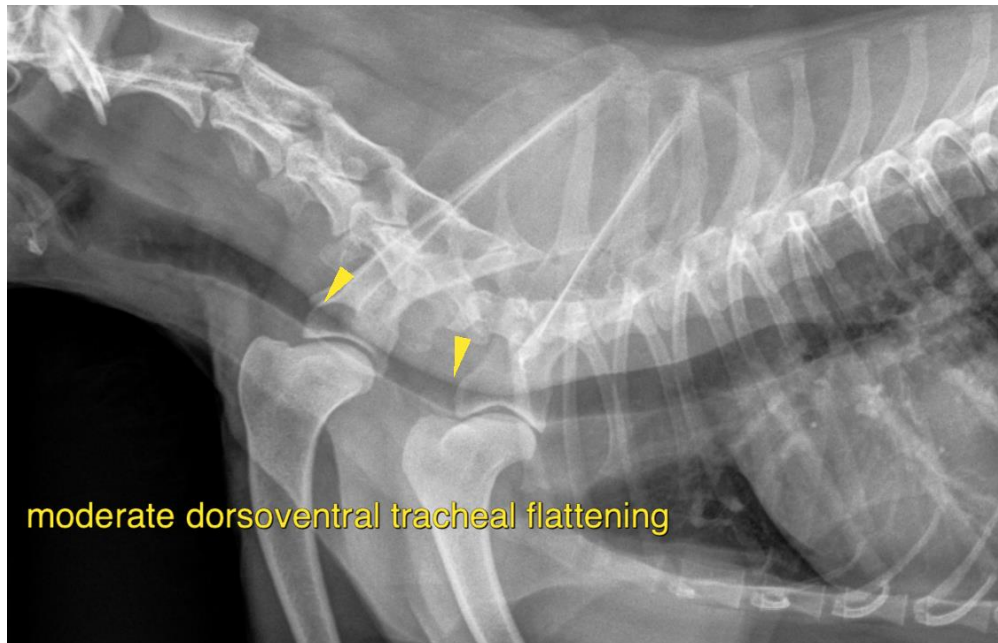
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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  
sebast.schaub@gmail.com

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