



**PATIENT PRESENTING CLINICAL SIGNS**

Cece Cuoco History: P HAS MULTIPLE LUMPS O WANTS TESTED O STATES BEEN THERE A WHILE. P BEEN HACKING USUALLY AFTER PLAYING OVER PAST FEW DAYS HAPPENING CONSTANTLY EVEN AT REST. NO OTHER CONCERNS. Prior history of collapsing trachea per Mr....diagnosed on chest rads as a puppy

**SPECIES**

Canine

**BREED**

Australian Cattle Dog

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)  
 Hydration: N Mentation: N EENT: Nucl scl OU and early central cataracts OU Oral Cavity: mm pink-pale pink Lymph Nodes: N Skin: 5cm soft moveable sq mass left armpit 2cm soft moveable sq mass right lower thorax 2cm soft moveable sq mass left flank 1cm wart like mass right flank/lateral thigh CV/Respiratory: No murmur, lungs clear Abd/GI: N Uro/Perineum: N Musculoskeletal: N Neurological: N Fecal: Diagnostic Testing Needed: HWT - neg

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**SEX**

SF

**RADIOGRAPHIC FINDINGS**

The costal cartilages present moderate degenerative changes.

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

13 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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.

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

**HOSPITAL NAME**

DPC Veterinary Hospital

A mild increased visibility of the bronchial walls is appreciated.

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.

**REFERRING VET**

Dr. Feldt

**RADIOGRAPHIC DIAGNOSIS**

- Very mild bronchial pattern
- Degenerative changes costal cartilages
- No evidence of pulmonary metastatic disease

**INVOICE**

56036

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a mild bronchial pattern, equivocal for normal variant versus mild bronchitis - primary inflammatory non-infectious causes - such as lymphocytic plasmocytic, eosinophilic, mixed - and infectious causes (e.g. viral, bacterial, parasitic) are considerations. Bronchoscopy including BAL can be used as advanced diagnostic tool, empirical management can be considered alternatively.

**DATE**

1-7-23



**PATIENT**

Cece Cuoco

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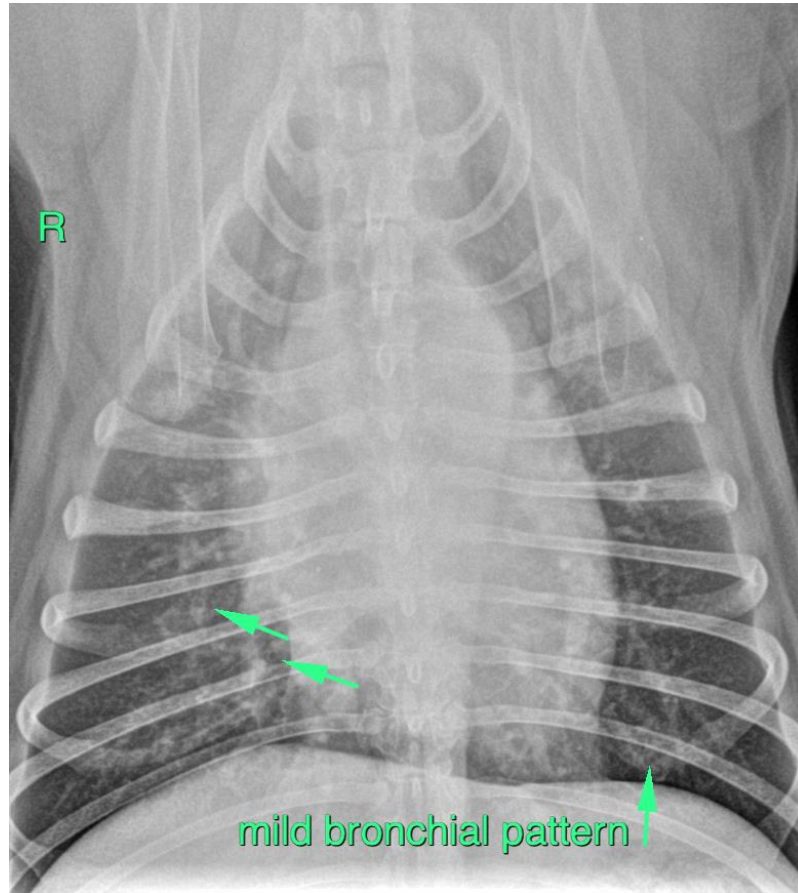
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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