



**PATIENT**

Dio Wilcox

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male Neutered

**AGE**

10 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Countryside Animal  
Clinic

**REFERRING VET**

Kristina Cox

**INVOICE**

47845

**DATE**

10-19-21

**PRESENTING CLINICAL SIGNS**

Upper respiratory concern starting about a month and a half ago; seen at previous vet because he was having bloody nasal discharge from left nostral (see notes) Rattle/deep wheezing/snorting persisting, especially at night while pt is resting (Nasal dripping out of right side nostral, sneezing; previously has had some bloody nasal discharge but no blood seen in the last couple of days Improved with antibiotics but still present ). Tiring easily.  
Abnormal PE/Chem/CBC/UA Results: Submitted tonight.

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

At the caudal aspect of the humeral head bilaterally, mild osteophyte new bone formation is visible.

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.

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

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**

- No evidence of pulmonary neoplastic disease
- Mild degenerative osteoarthritis shoulder joints bilaterally

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The current radiographic study is negative for clinically relevant pathology.



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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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com