



PATIENT PRESENTING CLINICAL SIGNS

Oreo Rodriguez Reason for Visit: Coughing History: In Sept, Oreo was treated for a cough with Doxycycline, the cough resolved although it has come back over the past few days, progressively worsened. P still active, acting normal. E/d well, no c/s/v/d. C/S/V/D: Diarrhea resolved

SPECIES Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: OU clear. AU clear, no debris. Dry hacking cough with terminal retch on tracheal palpation. Oral cavity: Canine Minimal dental tartar. Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: Breed Border Collie X BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing Needed: Thoracic radiographs and consultation Declined Diagnostics/Treatments: N/A Findings: Thoracic radiographs and consultation = pending

SEX

NM

RADIOGRAPHIC STUDY OF THE THORAX

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

AGE

4 Years

RADIOGRAPHIC FINDINGS

Multifocal mild spondylosis formation.

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 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.

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.

RADIOGRAPHIC DIAGNOSIS

- Mild bronchial pattern
- Spondylosis deformans

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 chronicity of clinical signs, is increasing the odds for primary inflammatory non-infectious origin of bronchitis. Bronchoscopy including BAL can be

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Oldenhoff

INVOICE

54443

DATE

10-4-22



PATIENT

used as advanced diagnostic tool, empirical management can be considered alternatively.

Oreo Rodriguez

SPECIES

Canine

BREED

Border Collie X

SEX

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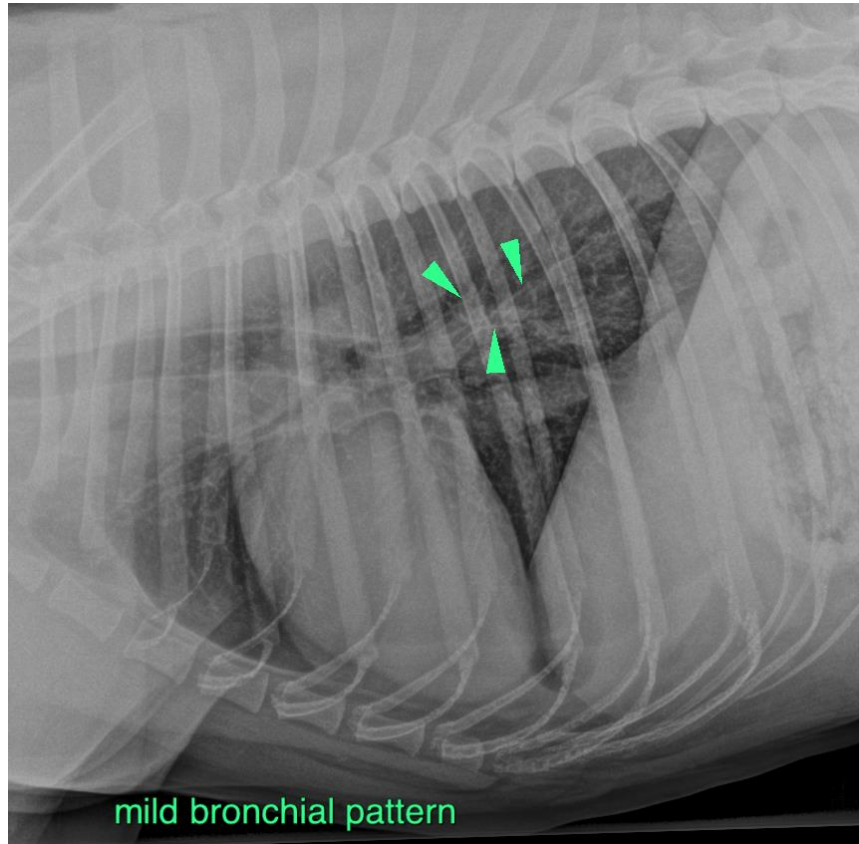
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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