



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Stewart Gilligan Chase  
**SPECIES**  
Canine

Pet presented for fluoroscopy for concern for tracheal collapse. Pet was seen at AVS (Blue Pearl) for consult and treatment for his cough, no improvement and probably much worse. AVS thinking GERD may be predisposing him to coughing. There appears to be more airway restriction/bronchitis, his heart was normal via echo. He is just sitting there/at rest and has significant loud honking cough. Owners can't get sleep etc. Elected to change back to hydrocodone, some injectable low dose acepromazine given orally, try nebulization, terbutaline and steroids. Was on theophylline, SMZ TMP and Doxy as well. Pet still has significant cough despite Rx above.

**BREED**  
Pug

Abnormal PE/Chem/CBC/UA Results: URINE CULT & SUSCEPTIBILITY 10-28-21 7:54a SOURCE CYSTOCENTESIS URINE CULTURE R Status: FINAL Patient Chart for Stewart Gilligan Client: Mr/Mrs. Samantha Chase Date: 11-29-21, Time: 9:09a Date By Code Description Qty (Variance) Isolate 1: Providencia rettgeri - 50,000 - 100,000 CFU per ml Isolate 1 MIC Amoxicillin R >=32 Cephalexin R >=64 Cefpodoxime S 0.5 Cefovecin S <=0.5 Ceftazidime S <=0.12 Ceftiofur S <=1 Amikacin S <=2 Gentamicin S <=1 Ciprofloxacin S <=0.06 Enrofloxacin S <=0.12 Marbofloxacin S <=0.5 Doxycycline R Nitrofurantoin R 128 Chloramphenicol I 16

**SEX**  
MN

Trimethoprim/Sulfamethoxazole S <=20 Cefotaxime S Amoxicillin-Clavulanic Acid R INTERPRETATION KEY for Antibiotic Susceptibility Results (when performed) S = Sensitive. Organism is inhibited by usual recommended dose. I = Intermediate. Organism is inhibited only by the maximum recommended dose. R = Resistant. Organism is resistant to the maximum recommended dose. These standards have been established by the Clinical and Laboratory Standards Institute (CLSI). TF = To Follow. Susceptibility testing for this antibiotic is performed by Kirby-Bauer and results will follow shortly. N/I (not indicated) will be reported and/or MIC data may be left blank and not reported if: a) the growth requirements of the organism require the sensitivity testing to be performed by another method b) interpretive criteria are not available from CLSI (in this case, recommended antibiotics will be reported based on clinical efficacy studies) c) certain antibiotics are not available due to limitations of our commercial laboratory system; or d) the drug is known to be clinically ineffective against the organism regardless of in vitro results If "N/I" is listed for ALL antibiotics for a specific isolate, susceptibility testing was not performed for that organism. Please refer to the comment associated with the organism for recommendations if applicable. For more information on Minimum Inhibitory Concentration (MIC) please see the "Microbiology Guide to Interpreting Minimum Inhibitory Concentration (MIC)" section of the IDEXX Reference Laboratories Directory of Services or visit [www.idexx.com/MIC](http://www.idexx.com/MIC).

**AGE**  
12 Years

**INTERPRETED BY**  
Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**  
Mobile Pet Imaging  
CFL

**FLUOROSCOPIC STUDY OF THE NECK AND THORAX**

**REFERRING VET**  
Borecky

A fluoroscopic study of the neck and thorax during tidal respiration.

**FLUOROSCOPY FINDINGS**

**INVOICE**  
48652

The cervical & intrathoracic tracheal segment presents within normal limits of mild dynamic changes of tracheal height during in- and expiration.

There is dynamic significant dorsoventral flattening of the principal bronchi during expiration and widening of the principal bronchi during inspiration.

**DATE**  
11-29-21

The esophagus contains a small amount of gas, with continuous variation in shape during the respiratory cycle.



**PATIENT**

Stewart Gilligan  
Chase

**FLUOROSCOPY DIAGNOSIS & THERAPEUTIC RECOMMENDATIONS**

- Bronchial collapse
- No evidence of tracheal collapse

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bronchial collapse is a plausible explanation for the described clinical signs. Consider empirical management, unfortunately no additional advanced treatment options – such as stenting – are possible in case of bronchial collapse.

**BREED**

Pug

**SEX**

MN

**AGE**

12 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Mobile Pet Imaging  
CFL

**REFERRING VET**

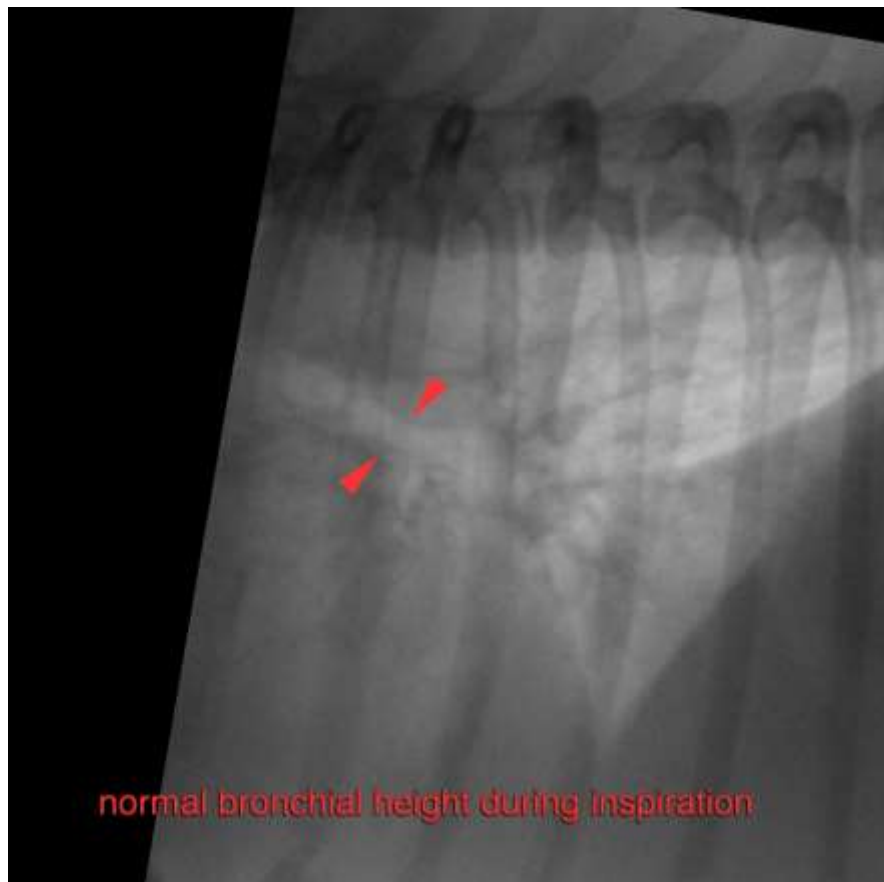
Borecky

**INVOICE**

48652

**DATE**

11-29-21





**PATIENT**

Stewart Gilligan  
Chase

**SPECIES**

Canine

**BREED**

Pug

**SEX**

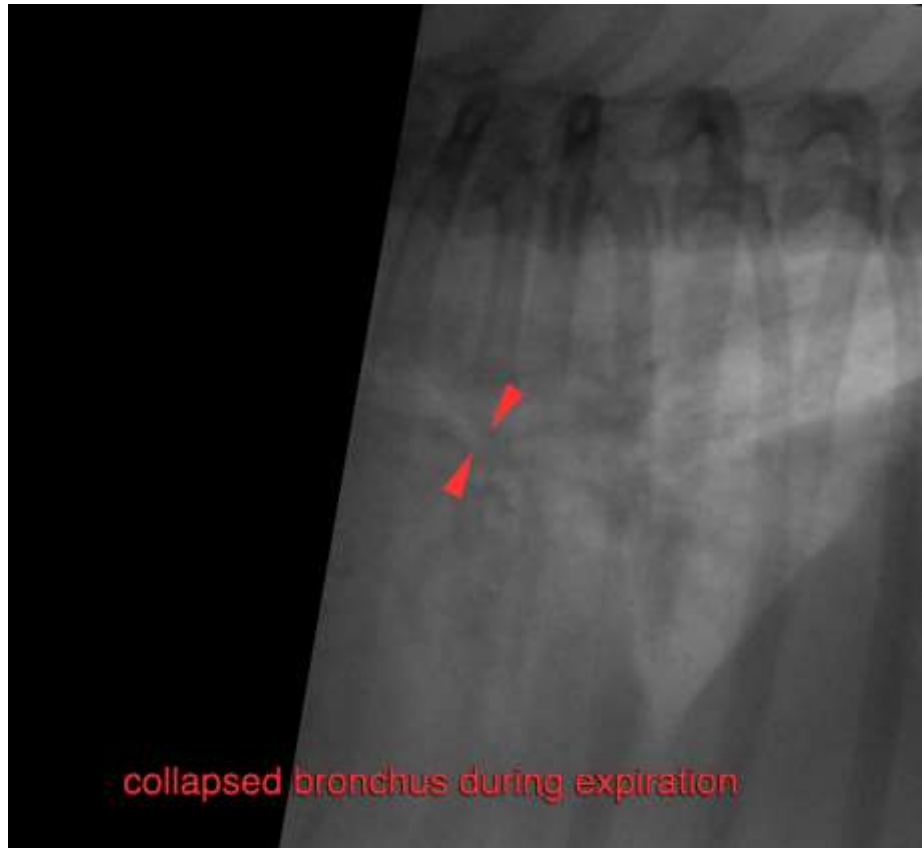
MN

**AGE**

12 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI



**HOSPITAL NAME**

Mobile Pet Imaging  
CFL

**REFERRING VET**

Borecky

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

**INVOICE**

48652

**DATE**

11-29-21