



PATIENT

Teddy Vlasenko

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

22M

WEIGHT

6.0kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

RVTs

HOSPITAL NAME

Woodridge Veterinary
Clinic

REFERRING VET

Dr. Breanne
Couperthwaite

INVOICE

72531

DATE

11-5-25

PRESENTING CLINICAL SIGNS

Teddy presented today for an exam for ADR. Teddy has been coughing and sneezing since Sunday. Has also been lethargic and sleeping more throughout the day. Doesn't want to walk, or will go for a walk but drags behind/pauses to rest. Decreased appetite and drinking. Increased urination? Had BM today and it was normal (no diarrhea); no vomiting. O mentioned that he seems bloated today. Ddx (cough/ADR): Infectious tracheobronchitis (w/ secondary pneumonia), undetected heart ds, other primary lung ds, FB (rawhide), Addison's, other Ddx after rads/bloodwork: IMTP vs. undetected heart ds

Abnormal PE/Chem/CBC/UA Results: QAR/depressed; non-febrile; mildly dehydrated (5%), HR = 116, RR = 24, T = 38.9, No murmur or arrhythmia on auscultation of heart, no wheezes or crackles on auscultation. Sounds a bit congested in nasal passages (stertorous); unable to elicit cough on tracheal palpation and he did not cough once in clinic today. Abdomen appears a bit pot-bellied/distended, but soft and non-painful on palpation. Mm's pink & slightly tacky; very mild dental calculus throughout. 1) CBC - mild to moderate thrombocytopenia (confirmed on manual count - 85×10^9); very few platelet clumps seen. Also thrombocytopenic in July 2024 at time of neuter. No stress lymphopenia. Otherwise unremarkable. 2) Chemistry panel - unremarkable 3) Resting Cortisol - 141.9 nmol/L (Addison's unlikely)

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.

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.

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

- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the thorax reveals no abnormalities. However, a negative radiographic study does not rule out possible underlying tracheitis/bronchitis.



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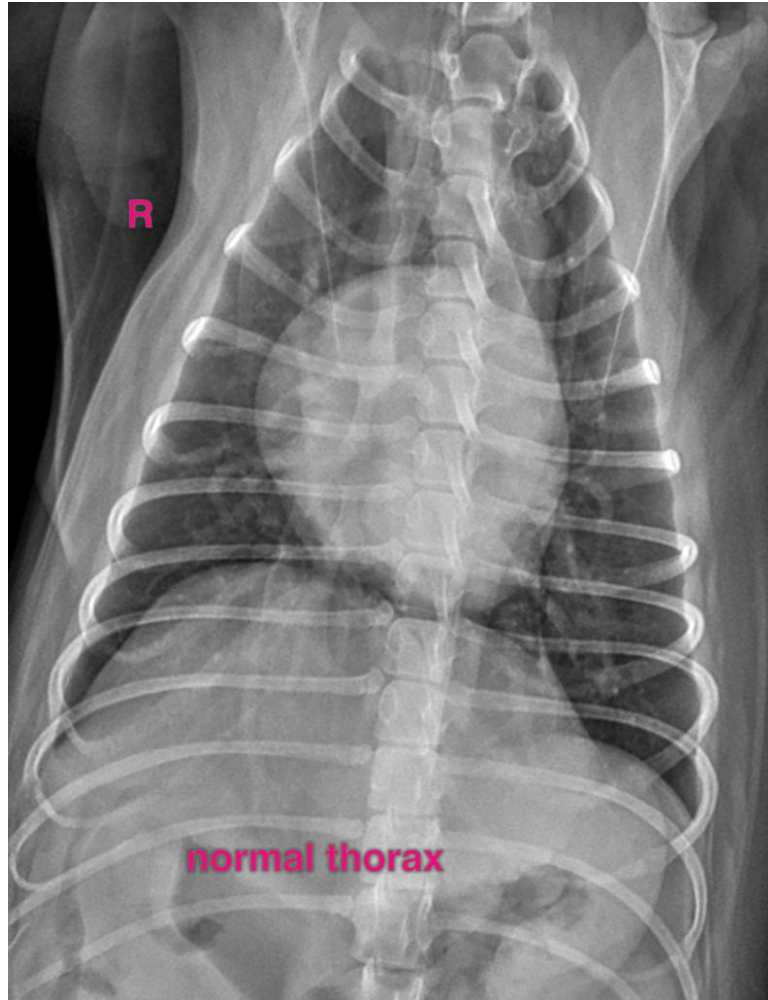
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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