



## PATIENT

Pippin Wurden-Foster

## SPECIES

Canine

## BREED

Cattle Dog Mix

## SEX

FS

## AGE

5.5Y

## WEIGHT

36.1lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Northshore Vet Techs

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Karla Schultz

## INVOICE

73041

## DATE

12-17-25

## PRESENTING CLINICAL SIGNS

2 month hx of mild cough with excitement and 1 month hx of periodic reverse sneezing episodes. P has normal appetite, energy, disposition. No interactions with groups of dogs, interacts with housemate and friend's dog but they don't interact with other dogs. P has well-managed hypothyroidism (soloxine), chronic hepatitis (mycophenolate + denamarin), USMI (incurin/estriol), allergic dermatitis and food sensitivities (apoquel, avoid beef/chicken). Two week trial on antihistamine (Claritin)- mild improvement with reverse sneezing, no change in cough. Current top differentials are infectious (CIRDC vs much less likely fungal d/t geographic location and mildness of signs) and inflammation secondary to possible acid reflux (have discussed but not instituted omeprazole trial). Abnormal PE/Chem/CBC/UA Results: PE: mild tracheal sensitivity on palpation (cough). Normal airflow through nares, no nasal discharge, no sneezing/reverse sneezing during exam, thoracic auscultation WNL.

## RADIOGRAPHIC STUDY OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

The periarticular bones of the pictured parts of one elbow joint present moderate osteophyte new bone 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.

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.

## RADIOGRAPHIC DIAGNOSIS

- Mild bronchial pattern
- Osteoarthritis one elbow joint – suspect left

## 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) are likely. The chronicity of clinical signs, is increasing the odds for primary inflammatory non-infectious origin of bronchitis. A fecal exam can be used to screen for lung worm infection. If clinical signs are refractory to empirical therapy, bronchoscopy including BAL would be ideal as advanced diagnostic tool.



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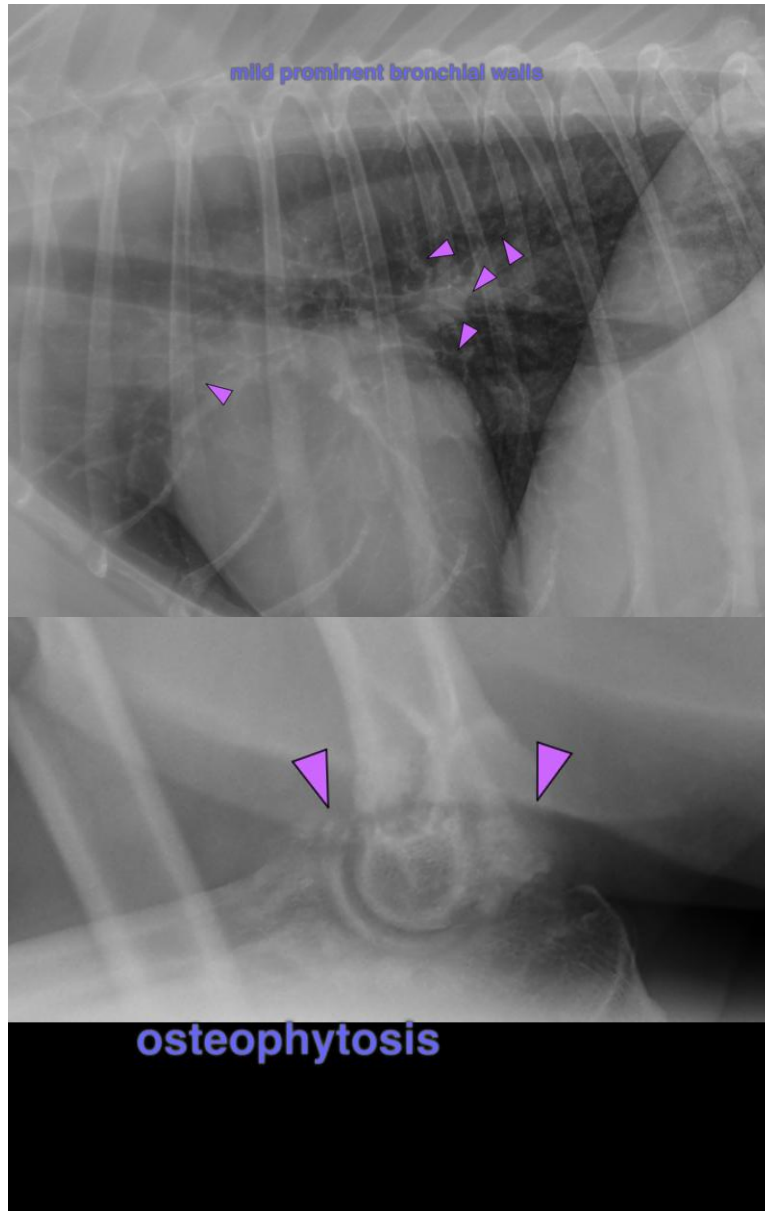
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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