



## PATIENT

Tagger Parkes

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Neutered Male

## AGE

10Y

## WEIGHT

30kgs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Hector Bustillo

## HOSPITAL NAME

CARE Surgery Center

## REFERRING VET

Samantha Parkinson

## INVOICE

73107

## DATE

12-23-25

## PRESENTING CLINICAL SIGNS

Patient was recently adopted 2 months ago from a shelter. Previous owners were heavy cigarette smokers & patient has been coughing since being adopted. Patient was on multiple rounds of doxycycline for the cough with mild improvement but will worsen when off of the doxycycline. VF negative.

## COMPUTED TOMOGRAPHY OF THE THORAX

A high resolution pre- and post-contrast CT study of the thorax is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The bony and surrounding soft tissue structures are within normal limits.

The tracheobronchial lymph nodes are mildly prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Generalized moderate smooth thickening of the walls of the bronchial tree is appreciated. In the ventral aspect of the left caudal lung lobe, small peripheral bronchial segments are obliterated by non-contrast enhancing soft tissue material.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized moderate bronchial lung pattern with sporadic peripheral mucus plugging
- Lymphadenopathy tracheobronchial lymph nodes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is indicative 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 – such as eosinophilic bronchopneumopathy. In few cases bronchogenic carcinoma can present a solely bronchial pattern as well, but I consider the odds low in this case. A fecal exam can be used to screen for lung worm infection. Bronchoscopy including BAL would be ideal as advanced diagnostic tool.

Secondary reactive lymphoid hyperplasia of the tracheobronchial lymph nodes.



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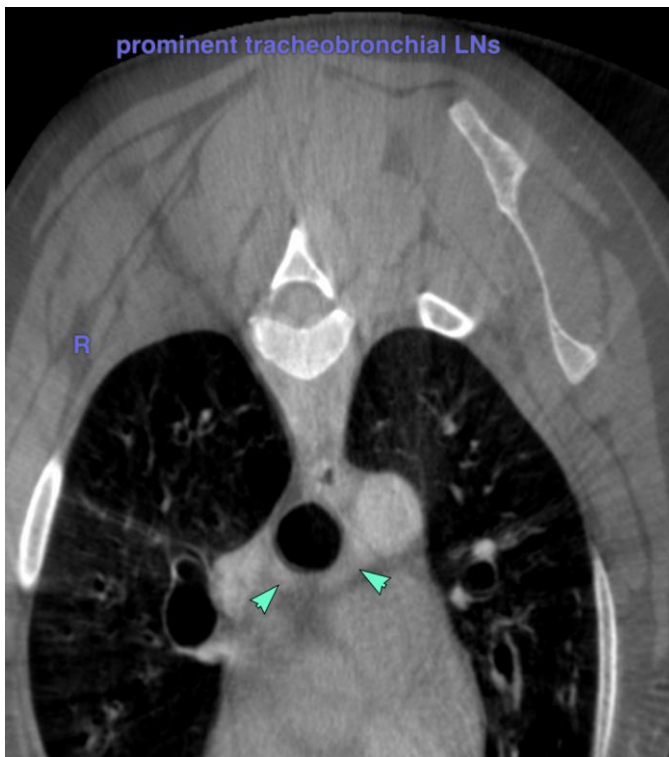
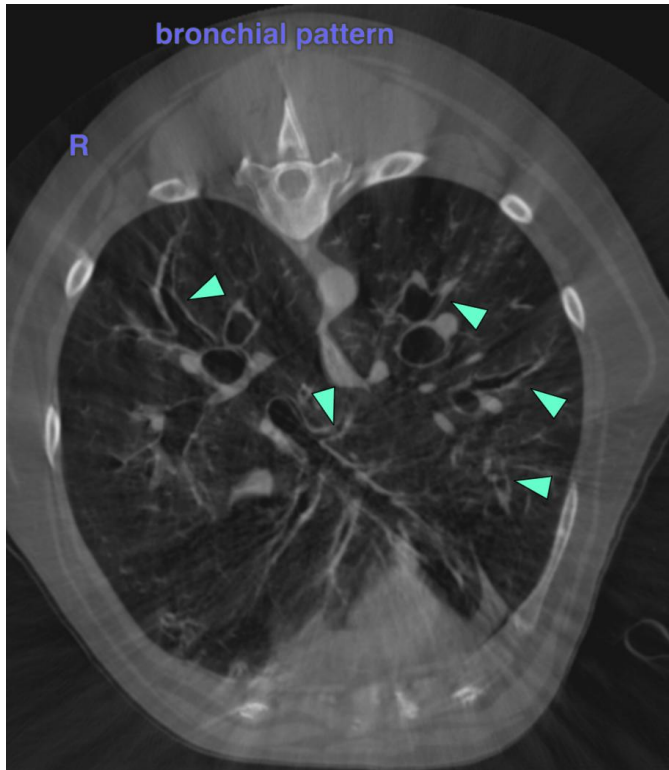
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)