



**PATIENT**

Chica Abakunchik

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

SF

**AGE**

15 Years, 6 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. White

**INVOICE**

55888

**DATE**

12-29-22

**PRESENTING CLINICAL SIGNS**

History: Patient is presented today b/c O states that over the past week & a half P has started coughing. The coughing started out very intermediate but over the last 3 days the coughing has become more frequent & is mainly happening at night. O says there has been no vomiting & P has not hacked anything up & there is no discharge coming from the eyes or nose. P is acting normal O says the only other off thing with P is P seems to be eating a little less over the last 2 nights. O states cough is very dry no wheezing or congestion.

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)  
Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; very mild debris in aberrant hair AU; No cough on tracheal palpation, but dry cough/hack in room. Oral Cavity:heavy dental tartar present, gingival recession, gingivitis Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Crusted area R ventral neck about nickel size over suspected sebaceous cyst. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate Fecal:

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

The vertebral endplates T6/T7 present 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.

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**

- Spondylosis deformans T6/T7

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax presents without abnormalities, presenting the recent onset of cough. However, normal radiographs do not rule out potential underlying tracheitis or



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bronchitis.

Recommend follow up radiographs in clinical signs deteriorate or are refractory to empirical therapy. Complementing therapy by daily inhalation by a sodium chloride inhalant might be beneficial as well.

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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.**

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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.

**DATE**

12-29-22

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