

**PATIENT**

Kasha Myers

**PRESENTING CLINICAL SIGNS**

persistent cough  
Abnormal PE/Chem/CBC/UA Results: Pending

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

A right lateral radiograph of the thorax is provided for review.

**BREED**

Mixed

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX**

Female

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.

**AGE**

6 Months

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

Generalized mild to moderate thickening 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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**HOSPITAL NAME**

New Bridge  
Veterinary Practice

**RADIOGRAPHIC DIAGNOSIS**

- Mild to moderate bronchial lung pattern

**REFERRING VET**

Dr. Abina Glennon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are compatible with bronchitis and infectious causes – viral, bacterial, parasitic, (protozoal) – are considered likely. Allergic/eosinophilic bronchopneumopathy is a consideration if infectious causes are ruled out entirely. A fecal exam can be used to screen for lung worm infection. Bronchoscopy including BAL can be used as advanced diagnostic tests as well.

**INVOICE**

48883

**DATE**

12-8-21



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**REFERRING VET**

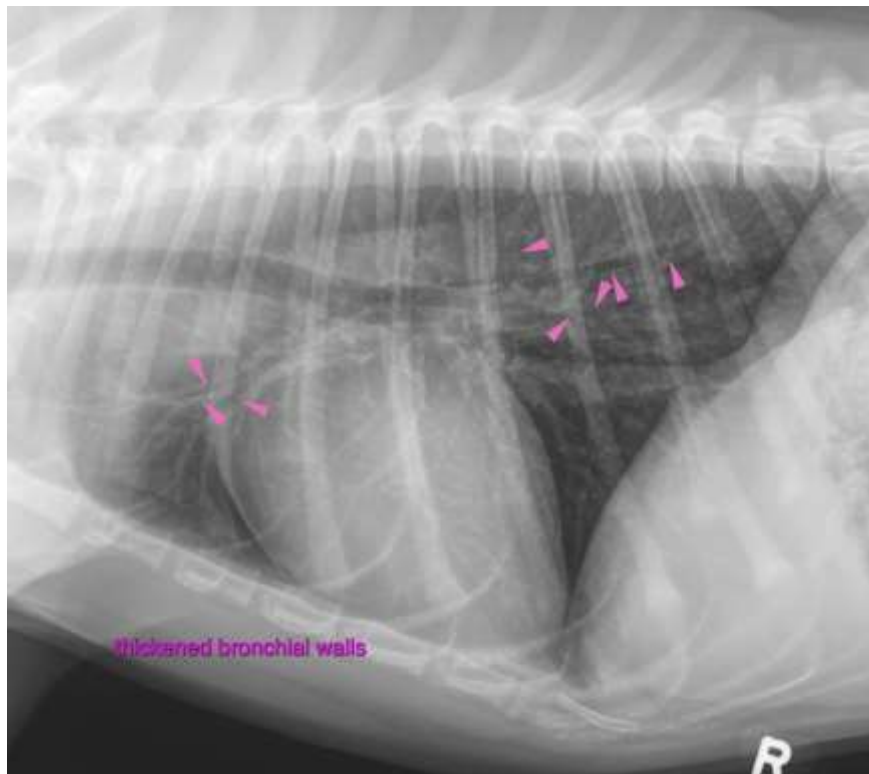
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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