



**PATIENT**

Lola Snyman

**PRESENTING CLINICAL SIGNS**

Owner noticed wheezing sound 2 -4 weeks ago, Occ sneezing, no coughing, some reverse sneezing. Loud nasal sounds. No discharge seen, no distress seen  
Abnormal PE/Chem/CBC/UA Results: Sclerosis, tartar on teeth On exam does appear to be upper respiratory sounding

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Chihuahua X

**RADIOGRAPHIC FINDINGS**

Moderate spondylosis formation is seen along the thoracolumbar junction.

**SEX**

FS

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.

**AGE**

15 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Cranberry Hill Animal Hospital

In the lateral projections the lung is hypoinflated, accentuating a generalized unstructured reticular pattern. In the VD view, 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.

**REFERRING VET**

Ann McKenna

**RADIOGRAPHIC DIAGNOSIS**

- Normal thorax but spondylosis formation

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

50432

The radiographic study of the thorax presents without abnormalities. Consider evaluation of the upper airways to rule out pathology from the nasal cavity/pharynx.

**DATE**

2-18-22



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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.

**SPECIES**

Canine

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