



**PATIENT**

Winnie Cook

**PRESENTING CLINICAL SIGNS**

Chronic coughing after drinking water since pet was 6 months old and treated for Kennel cough. Treated for urinary stone 6wks ago- surgical removal. Cough was better when on antibiotics before stone surgery at AESC (amoxicillin).

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: PE normal -healthy pet

**RADIOGRAPHIC STUDY OF THE NECK AND THORAX**

Radiographs of the neck and thorax in orthogonal imaging planes are provided for review.

**BREED**

Corgi

**RADIOGRAPHIC FINDINGS**

The osseous and soft tissue structures of the neck are within normal limits.

**SEX**

FS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

2 Years, 3 Months

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.

**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.

A mild increased visibility of the bronchial walls is noted.

**HOSPITAL NAME**

Dr. Leon Anderson

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**

Leon Anderson, DVM

**RADIOGRAPHIC DIAGNOSIS**

- Very mild bronchial pattern

**INVOICE**

50460

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild bronchial pattern is suggestive for inflammatory lower airway disease – inflammatory (e.g. allergic, eosinophilic, mixed) versus infectious (e.g. viral, parasitic, bacterial). Due to the chronicity, primary inflammatory non-infectious causes are considered more likely and bronchoscopy including BAL would be ideal as advanced diagnostic tests.

**DATE**

2-21-22



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**REFERRING VET**

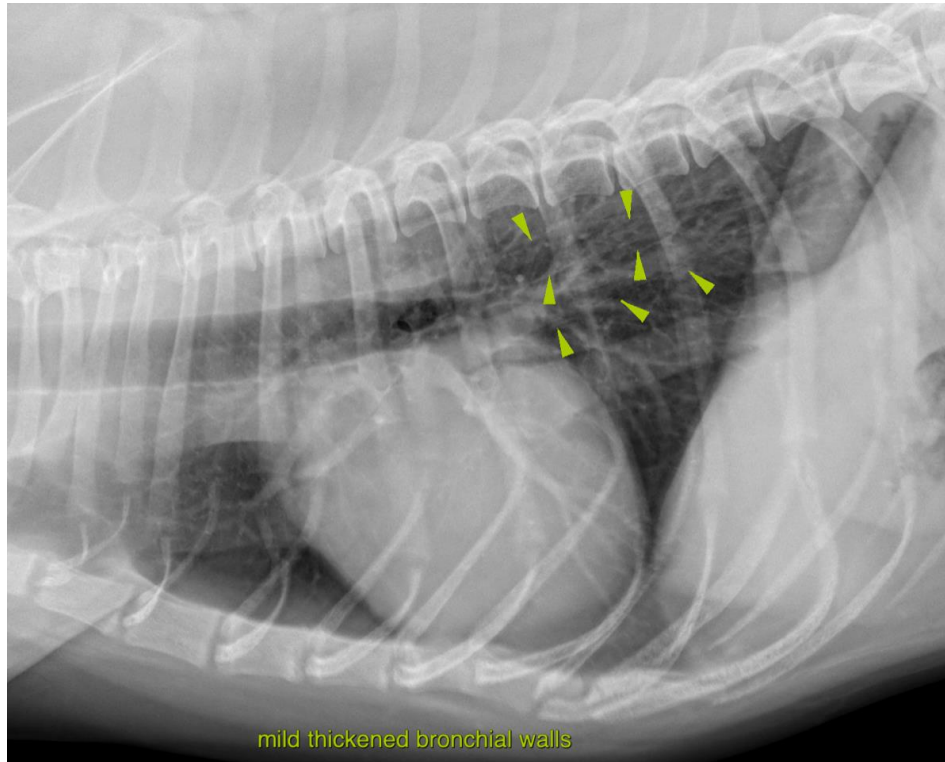
Leon Anderson, DVM

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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  
sebast.schaub@gmail.com