



**PATIENT**

Versaille Perez

**PRESENTING CLINICAL SIGNS**

History: pet is here for having cough/hack like  
 Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 12.3 Temp: 100.5 HR: RR: MM/CRT: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: N Mentation: N EENT: N Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: No murmur, lungs clear. Harsh goose-honking cough that will go on non-stop for approx 1 min. Abd/GI: N Uro/Perineum: N Musculoskeletal: N Neurological: N Fecal: Diagnostic Testing Needed: Chest Rads Canine PCR Resp Panel Declined  
 Diagnostics/Treatments: Findings: Assessment: 1) Cough - r/o infectious (kennel cough, influenza, etc), FB, collapsing trachea Treatment Plan: 1) Doxycycline, Hycodan pending results Treatment Declined: Prescriptions to Dispense:

**SPECIES**

Canine

**BREED**

Goldendoodle

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**SEX**

Spayed Female

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**AGE**

1 Year 2 Months

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.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

In the right lateral view of the thorax, moderate dorsoventral flattening of the caudal tracheal segment is seen. The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**HOSPITAL NAME**

DPC Veterinary  
 Hospital

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.

**REFERRING VET**

Dr. Feldt

**RADIOGRAPHIC DIAGNOSIS**

- Normal thorax

**INVOICE**

21590

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax presents without abnormalities, however negative radiographs do not rule out possible tracheitis/bronchitis.

**DATE**

3/10/23



**PATIENT** If clinical signs deteriorate, recommend follow up radiographs to screen for developing pneumonia.

Versaille Perez

**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.**

**SPECIES**

Canine

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.

**BREED**

Goldendoodle

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**SEX**

Spayed Female

**AGE**

1 Year 2 Months

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