



PATIENT PRESENTING CLINICAL SIGNS

Clark Colter Clark has been coughing for about 2 days--a pretty relentless and harsh/smoker-type cough, as per owner. Once he coughed so hard that the vomited a bit of food. They were in the kennel for a while, but have been home for 2 weeks. The housemate is not coughing, both dogs UTD on vaccines. They feel that he is swallowing well, no issues with drinking or eating, nor does it trigger his episodes. Other than that one episode where he vomited after coughing, he is keeping all his food down. Owner not aware of any missing toys, chewed up things etc. No access to toxins or chemicals to owner's knowledge. No access to human food, or medications, owner does not think there is any access to plants. No prior resp episodes. Clark has occasional meloxicam, none lately. He takes no other meds, has been healthy. Clark was found as a stray, adult--> not totally sure on his age. They are not aware of any prior mention of a murmur, no prior asp pneumonia etc.

SPECIES

Canine

BREED

Australian Shepherd
X

SEX

MN

AGE

13 Years

Abnormal PE/Chem/CBC/UA Results: Respiratory System: + cough response in thoracic inlet only, no upper tracheal reactivity. Possible duller lung and heart sounds in AV area? RR reasonable and non-distressed. Lungs auscultate clear; trachea clear. Normal/present lung sounds in all quadrants. Heart: Regular rhythm; possible grade 1 murmur detected. No obvious pulse deficits noted No significant abnormalities noted on CBC or Chemistry. Thoracic Radiographs. -cardiac silhouette normal in shape/size, VHS high normal, 10-10.5 -perihilar nodes may be slightly more prominent vs typical-- antigenic stimulation vs neoplasia? -no obvious sign of pulmonary edema, but mediastinal shape suggest possible space occupation/distention? -on initial R lateral, some concern about possible opacity in proximal esophagus? Repeat rads after snack are less suggestive if this, but cannot rule out.

RADIOGRAPHIC STUDY OF THE THORAX

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

INTERPRETED BY

RADIOGRAPHIC FINDINGS

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

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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.

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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.

REFERRING VET

Dr. Laurel Arvidson

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.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

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The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

DATE

3-13-23

RADIOGRAPHIC DIAGNOSIS

- Normal thorax



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clark Colter The radiographic study of the thorax presents without abnormalities, explaining the recent onset of cough. However, a negative radiographic study does not rule out possible tracheitis/bronchitis. If clinical signs are refractory to empirical therapy or deteriorate, recommend follow up radiographs of the thorax, as radiographic changes can lag behind clinical signs.

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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.

INVOICE

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