



PATIENT PRESENTING CLINICAL SIGNS

Ginny Sheaffer Patient has a 6 month history of progressive upper respiratory signs. First seen in early October 2022 for a two month duration cough. Treated with time and cough suppressants. Late October 2022 represented for continued signs. Trial doxycycline treatment with Fecal/Lungworm test (negative).

SPECIES December 2022 - patient develops discharge from nose (predominantly left nares) - green in color with mild bilateral ocular component. Empiric antibiotic treatment - Clavamox. March 2023 - patient's discharge is clearer in color but continues to progress in thickness and consistency. Predominantly left nares. Skull/nares radiographs performed. CRDC comprehensive PCR panel submitted. Sedated oral exam unremarkable.

K9

BREED RADIOGRAPHIC STUDY OF THE SKULL

Coonhound/Redbone Multiple projections of the skull are provided for review.

RADIOGRAPHIC FINDINGS

SEX The dentition presents without overt abnormalities.

Female Spayed The external ear canals are aerated and present without abnormalities. Both tympanic bullae are aerated with a thin & smooth wall.

AGE The nasal cavity is aerated and presents with the expected striated pattern of the nasal conchal & turbinate structures. The frontal sinuses are aerated with a smooth and thin osseous lining.

6 Years No additional abnormalities of the structures of the skull are appreciated.

INTERPRETED BY RADIOGRAPHIC DIAGNOSIS

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

- Normal skull

HOSPITAL NAME

Wellesley Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the skull presents without abnormalities, explaining the described clinical signs. No pathological radiopacity of the upper airways can be appreciated.

REFERRING VET

Dr. Ryan Leal

INVOICE

57239

DATE

3-14-23



PATIENT

Ginny Sheaffer

SPECIES

K9

BREED

Coonhound/Redbone

SEX

Female Spayed

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, 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.

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